ADDRESS

24g. REC'D BY REGISTRAR

DATE

24b. RESISTRAR'S SIGNATURE

TO HOSPITAL OF ATT DING PHYSICIAN; T Way be retained by hospital or altending to TUNERAL DINECTOR: After this certificate by page 3 shauld be detoched for use as the but

23. FUNERAL DIRECTOR'S SIGNATURE

1 BUREAU V. S. 3561 ES YAM

after death.

within 24

within 72 hours after death. After funeral director, the third gopy of

the registrar v

TO FUNEKAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

INSTRUCTIONS ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the The bottom copy may be retained by the hospital or altending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04669

CERTIFICATE OF DEATH 4697

Reg. Dist. No.

DECEASED (Type or Print) JESSIE N A NDERSON PEATH MAY 5 10 SEP 1896 S9 YTE Months Devs House House Months Devs House House Months Devs House Months Devs House House Months House House House House House Months House Hou				ECEASED	(HOME) OF D	2. USUAL RESIDENC			ATH	PLACE OF	1.
CITY (II outside corporate limits, write RURAL ond give nearest flown) TOWN FORT GRORGE G MEADE OR MEADE NOSPITAL OR INSTITUTION OR STREET MODRES STREET ADDRESS U.S. ARMY HOSPITAL 1016 MARKSWORTH ST. 2. NAME OF (First) JESSIE (Middle) 2. SARW HOSPITAL 1026 MARKSWORTH ST. 3. NAME OF (First) JESSIE (Middle) 3. NAME OF (Middle) 3. NAME OF (First) JESSIE (Middle) 3. NAME OF (First) JESSIE (Middle) 3. NAME OF (First) JESSIE (Middle) 4. DATE (Month) JESSIE (Middle) 5. SER (S. COLOR OR 7. SINGLE, MARKED, WIDOWORED, WIDOWORD, WIDOWORD, WIDOWORD, WIDOWORD, WIDOWORD, WIDOWORD, W	K			e-ded	COUNTY	STATE MARYTAL	ARYLAND		WE ARUNDEL	COUNTY A	
HOSPITAL OR STREET ADDRESS U. S. ARMY HOSPITAL I. ((Audda) ((Audd			est town)	nd give neer	limils, write RURAL e			L	rporete limits, write RU		
HOSPITAL OR, INSTITUTION OR STREET ADDRESS U.S. ARMY HOSPITAL STREET ADDRESS U.S. ARMY HOSPITAL DEATH MAY 5 STREET ADDRESS U.S. ARMY HOSPITAL 1016 MARKSWORTH ST DEATH MAY 5 SEX 6. COLOR OR 7. SINGLE, MARRED, (Moddle) (Leas) T. SINGLE, MARRED, (Moddle) (Lyse or Print) JESSIE N. A. NDERSON BEATH MAY 5 SEX 6. COLOR OR 7. SINGLE, MARRED, (ISpecify) DIVORCED, (ISpecify) DIVORCED, (ISpecify) DIVORCED, (ISPecify) OC. USUAL OCCUPATION (Give bind of work relited) HOUSEWIFE NONE 10. KIRD OF SUSPRESS OR CONDITIONS DIRECTLY LEADING FORCES? (No. ROUSEWIFE) II. BIRTHPLACE (Stelle or fornigen country) II. MAY DIVORCED, (If Yes, give wer or dates of service) NONE 12. MAS DICCASSE PVEN 10. S. ARABOR NAME (FIRST NAME (IF VENDER LYKAR) (IF VENDER LYKAR) III. BIRTHPLACE (Stelle or fornigen country) III. MAY DICCASSED EVEN 10. S. ARABOR NAME (FIRST NAME (IF VENDER LYKAR) III. BIRTHPLACE (Stelle or fornigen country) III.	1-1	SVA	-		ORE	PASIAL	in inspiece,	ADE	GEORGE G		
STREET ADDRESS U.S. ARMY HOSPITAL 1. NAME OF IRRITY I. MINDERSON AND CRAFT MAY S. SEX G. COLOR OR WIDOWED, DIVORCED, WIDOWED, DIVORCED, WIDOWED, DIVORCED, WIDOWED, DIVORCED, WIDOWED, DIVORCED, SEP 1896 S. SEX G. COLOR OR W. W. SINGLE, MARRED, DIVORCED, WIDOWED, DIVORCED, WIDOWED, DIVORCED, WIDOWED, DIVORCED, WIDOWED, DIVORCED, SEP 1896 S. DATE OF BIRTH P. AGE last birthday I. BIRTHPLACE (Stelle or foreign country) I. BIRTHPLACE (Stelle or foreign country) I. BIRTHPLACE (Stelle or foreign country) I. MONE I. MONE I. MOTHER'S MANDEN NAME (FIRST NAME UNKNOWN) I. MAY I. MOTHER'S MANDEN NAME (FIRST NAME UNKNOWN) I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH I. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS IS ANY, (8) OISEASES OR CONDITIONS IS ANY, (8) OISEASES OR CONDITIONS OF ANY, (8) OISEASES OR CONDITIONS ON ANY OF ANY O				re location)		STREET					
Second Control Country Count				Gdt	HTTOTHENSA			HOSPITAL	U S ARM		
The state of the s	Yeer)	(Y	(Day)		4. DATE (Mon						
5. SEX 6. COLOR OR ROWNOWLD, DIVORCED, SEP 1896 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if policy in the life of the policy in the policy cause of polarity in the policy in	0 50	10	=	EA V	DEATH	NDERSON		N	JESS IE		
Specify DIVORCED SEP 1896 59 yrs. Months Day's	9 56 ER 24 HI							INGLE, MARRIED,		SEX	5.
10b. KIND OF BUSINESS ON KINDUSTRY DISCRIPTION (Give kind of working inds, even in relieve) HOUSEWIFE NONE 11. BIRTHPLACE (Stele or foreign country) INDIA 12. CITIZEN OF V COUNTRY? RETITIES NAME UNKNOWN MUNGAVEN 14. MOTHER'S MAIDEN NAME (FIRST NAME UNKNOWN) MUNGAVEN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Vers., and or unk.) (If Yes, give wer or delate of service) NONE 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH DISEASES OR CONDITIONS, IF ANY, (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO (C) C) II OHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASES OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASES OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASES OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASES OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CAUSING DEATH. 199. DATE OF OPERATION 191. HAVE YET ON THE DEATH OF TOWN THE PROPER OF T	rs Min	Hours	Deys	Months	E	1000		Country on some		F	F
done during most of working life, even if neitred HOUSEWIFE INDITA COUNTRY resilied HOUSEWIFE INONE INDITA BRITTIS 3. FATHER'S NAME UNKNOWN) MUNGAVEN 14. MOTHER'S MAIDEN NAME (FIRST NAME UNKNOWN) MUNGAVEN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT A ADDRESS 1016 MARKSWOTTH St. NONE 10. INFORMANT A ADDRESS 1016 MARKSWOTTH St. NONE 11. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 12. MEDICAL CERTIFICATION 13. MEDICAL CERTIFICATION 14. MOTHER'S MAIDEN NAME (MYS., page or unk.) (If Yas, give wer or dates of sarvice) 15. MAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT A ADDRESS 1016 MARKSWOTTH St. NONE 16. MEDICAL CERTIFICATION 17. INFORMANT A ADDRESS 1016 MARKSWOTTH St. NONE 18. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 10. IMMEDIATE CAUSE (A) ARTERIOS CERTIFICATION 10. IMMEDIATE CAUSE (A) ARTERIOS CERTIFICATION 10. IMMEDIATE CAUSE LAST DO THE ABOVE CAUSE OF U. C. (C. (C.) 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING (C.) 12. ALTERIOR OF OFFERATION 19. MAJOR FINDINGS OF OPERATION 19. MAJOR FINDINGS OF OPERATION 21. ACCIDENT WAS UNDERLYING (C.) 22. AUTOR (Month) (Day) (Yeer) (Hour) 21. INJURY OCCURRED While of work	/HAT	N OF W	CITIZE	1 12			BUSINESS	10b. KIND C	ON (Give kind of work		
(FIRST NAME UNKNOWN) MUNGAVEN (FIRST NAME UNKNOWN) MUNGAVEN (If Yes, give wer or dates of service) NOME 10. SOCIAL SECURITY NO. NOME 11. INFORMANT & ADDRESS 10.16 Marksworth St. NOME 12. INFORMANT & ADDRESS 10.16 Marksworth St. NOME 13. INFORMANT & ADDRESS 10.16 Marksworth St. NOME 14. MOTHER'S MAIDEN NAME UNKNOWN 17. INFORMANT & ADDRESS 10.16 Marksworth St. NOME 18. MEDICAL CERTIFICATION NOME 19. MEDICAL CERTIFICATION NOME 10. MEDI			COUN								
(FIRST NAME UNKNOWN) 5. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, Apoor unk.) (If Yes, give wer or dates of service) 10. SOCIAL SECURITY NO. 10. INFORMANT & ADDRESS 10. MEDICAL CERTIFICATION 11. INFORMANT & ADDRESS 10. MEDICAL CERTIFICATION 12. INFORMANT & ADDRESS 10. MEDICAL CERTIFICATION 13. INFORMANT & ADDRESS 10. MEDICAL CERTIFICATION 14. MEDICAL CERTIFICATION 15. MEDICAL CERTIFICATION 16. MEDICAL CERTIFICATION 17. INFORMANT & ADDRESS 10. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 19. MATCHARD DECOMPENSATION 19. DISEASES OR CONDITIONS, IF ANY. 18. MOTOREWING CAUSE (A) 19. MAJOR FINDINGS OF OPERATION 19. DATE OF OPERATION 19. DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION 20. AUTOREWING CAUSE OF DEATH (IS EITHER, NOTIFY MEDICAL EXAMINER) 10. FINDINGS OF OPERATION 21. ACCIONARIBUTING CAUSE OF DEATH (IS EITHER, NOTIFY MEDICAL EXAMINER) 10. MAJOR FINDING OF INJURY OCCUR? 10. MILE OF INJURY (Month) (Dey) (Yeer) (Hour) 21. MILE OF INJURY OCCUR? 22. I hereby certify that I attended the deceased from May 19. South of the date stated above. ADDRESS (Street, city, towns, state) ADDRESS (Street, city, towns, state) 17. MILE OF INJURY (Month) (Dev) (Month) (Dev) (Manual Certification) 18. MILE OF INJURY (Month) (Dev)	H	TT IS	812.01		AF.		i e	I NO.	MILLE		3.
S. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, and or unk.) (If Yes, give wer or delea of service) NOME 10. INFORMANT & ADDRESS 10.16 MARKSWOTTH St. NOME 11. INFORMANT & ADDRESS 10.16 MARKSWOTTH St. NOME 12. INFORMANT & ADDRESS 10.16 MARKSWOTTH St. NOME 12. INFORMANT & ADDRESS 10.16 MARKSWOTTH St. NOME 13. INFORMANT & ADDRESS 10.16 MARKSWOTTH St. NOME 14. ACCIDENT CAUSE (S) 15. MEDICAL CERTIFICATION 16. MEDICAL CERTIFICATION 17. INFORMANT & ADDRESS 10.16 MARKSWOTTH St. NOME 18. MEDICAL CERTIFICATION 19. MARCHART 10. INFORMANT & ADDRESS 10.16 MARKSWOTTH St. NOME 10. INFORMANT & ADDRESS 10. INFORMA							7	THE PARTY AND	ים דואווצאורמאוו ל	(PTDOT N	1
NONE					ecc .						
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ARTERIOS CIEROTIC HEART DISEASE ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (8) DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 90. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTO YES DIRECTORY WAS UNDERLYING PROCEDITION 21c. NOTIFY MEDICAL EXAMINER 17d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) M. While MINE OF INJURY OCCUR? M. WHILE MINE O	Bal				1016						
IDISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE (A) DISEASES OR CONDITIONS, IF ANY, GIVEN GRISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. OCCUPANTIAL CARDIAL DECOMPENSATION STATING UNDERLYING CAUSE LAST. OCCUPANTIAL CARDIAL DECOMPENSATION IDISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. OP. DATE OF OPERATION IP. MAJOR FINDINGS OF OPERATION ISING CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) IF EITHER, NOTIFY MEDICAL EXAMINER! IP. MOTHER FINDINGS OF OPERATION ISING OF INJURY (Month) (Dey) (Yeer) (Hour) M. Bot white et work AND				(Dau	HREBEC	Actual Color of the last of the				NO	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pe. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTO YES 1a. ACCIDENT WAS UNDERLYING 1a. ACCIDENT WAS UNDERLYING 1c. AUGUST OF OPERATION 1a. ACCIDENT WAS UNDERLYING 1b. PLACE (Home, ferm, fectory, OF INJURY street, office bidg., etc.) FEITHER, NOTIFY MEDICAL EXAMINER! 1d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21c. WHERE DID INJURY OCCUR? (City or town) (County) (SI FITHER, NOTIFY MEDICAL EXAMINER) 1d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21c. WHERE DID INJURY OCCUR? (City or town) (County) (SI Not white 1c. HOW DID INJURY OCCUR? While 1c. HOW DID INJURY OCCUR? WHERE DID INJU	RS	3 4	2				. 4		NT CAUSE(S) DUE	ANTEC	ISE
20. AUTO YES								0	CAUSE LAST. DUE	17111110 0110111111	
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not white 21f. HOW DID INJURY OCCUR? While Not white 21f. HOW DID INJURY OCCUR? While Not white 21f. HOW DID INJURY OCCUR? While of work 21f. HOW DID INJURY OCCUR? Where DID INJURY OCCUR? (City or town) (County) (SI									CONDITIONS CONTRIE OF RELATED TO THE	OTHER SIGNIFICA	Te
CONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bidg., etc.) Itid. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) M. St work et work 216. INJURY OCCURRED While et work 22. 1 hereby certify that I attended the deceased from	PSY?	. AUTO	20					ING	CONDITIONS CONTRIBUTED TO THE ON CAUSING DEATH.	OTHER SIGNIFICA TO THE DEATH BU DISEASE OR CON	D
M. while of work Not white 22. I hereby certify that I attended the deceased from MAY 1956 10 5 6 10 alive on 5 MAY 1956 10 alive on 5 MAY 1956 10 alive on 5 MAY 1956 10 BIGNATURE 7 MCLourell M.D. Fort the H Made Manager 5 M.D. Fort the H M Manager 5 M.D. Fort the H M Manager 5 M.D. Fort the H M M M M M M M M M M M M M M M M M M	0P5Y?						ERATION	ING OR FINDINGS OF	CAUSE LAST, PUE (CONDITIONS CONTRIB OT RELATED TO THE ON CAUSING DEATH, ON 19b. M	OTHER SIGNIFICA TO THE DEATH BU DISEASE OF CON B. DATE OF OPER	70 D
alive on	NO 🗌		YES	(Coun	(City or town)		ERATION , fectory,	OR FINDINGS OF	CAUSE LAST. DUE CONDITIONS CONTRETE OT RELATED TO THE ON CAUSING DEATH. ON 19b. M JINDERLYING 1 2: AUSE OF DEATH 0	OTHER SIGNIFICA TO THE DEATH BU DISEASE OR CON B. DATE OF OPER A. ACCIDENT WA R CONTRIBUTING	19e. 21a, OR C
REMOVAL 7 May 1956) REMOVAL 7 May 1956 Anatomical Board Baltimore, Md. AREGISTRAR'S SIGNATURE APPRESS	NO Detel	(Ste	YES y)			21c. WHERE DID INJURY OCCUR?	FRATION , fectory, idg., etc.) Y OCCURRED Not white et work	OR FINDINGS OF PLACE (Home, 1s NJURY street, office (Hour) M. 21e. IN While et work	CAUSE LAST. DUE CONDITIONS CONTREE OT RELATED TO THE ON CAUSING DEATH. ON 19b. M UNDERLYING 1 2: ALISE OF DEATH OCAL EXAMINER; (Month) (Dey) (Yee	OTHER SIGNIFICA TO THE DEATH BU DISEASE OR CON DATE OF OPER A. ACCIDENT WA R CONTRIBUTING E EITHER, NOTIFY M J. TIME OF INJUR	Ige. 21a. OR C (IF EI

BY THOMATAN WILLIAM OF THUMPDARIED BYAYS BHALLIERA

REAR CERTIFICATE DESIGNATH

BUREAU V. E.

9561 OI YAN



one colored an

should

NA

please

poged

0

15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CONTRACTOR STREET the will been taken. The ball of ball once for the ball of the property 2321 SI YAM

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CENTIFICATE OF DEATH

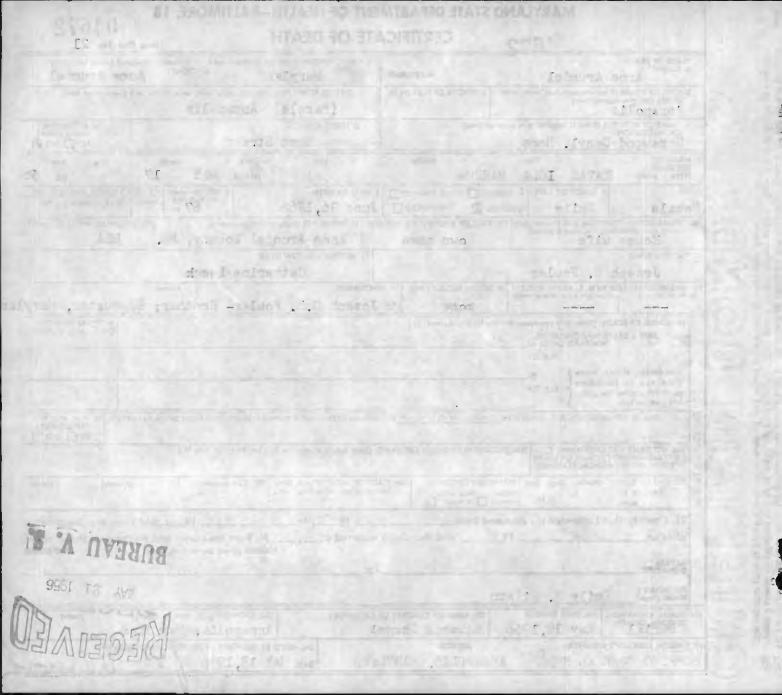
To a summer

BUREAU V. S.

9261 ES YAN

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A15 (4) 15M 9/55

MARYLAND	STATE DEP	ARTMENT OF	HEALTH-	-BALTIMORE,	18

4698 CERTIFICATE OF DEATH

Reg. Dist. N. 4673

1. PU	ACE OF DEATH COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Where de	ceased lived. If institution Residence b b. COUNTY	efore admission)
	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) - TOOK Lyn Park	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside	corporate limits, write RURAL and give	
d	NAME OF HOSPITAL (If not in hospital, give street		d. STREET ADDRESS	rk	e IS RESIDENCE
	or institution 125 I illionds Lane		125 hammond	c Ione	ON A FARM?
3. NA	ME OF First	Middle	Lost 4. De		Day Year
(Ту	CEASED Franklin Lloyd	**		FATHLIAY 19	19 56
	ele White wipowi	ED DIVORCED	8. DATE OF BIRTH April 9, 1909	lost birthday) Months Day	FAR IF UNDER 24 HRS VS Hours Min.
10a, ti	ISUAL OCCUPATION (Give kind of work done 10b. uring most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stole or fore	ign country) 12. CITIZEN	OF WHAT COUNTRY
1	'anager kr	mour Met Co	. Mifflin Co	Pa. U.	S.
	THER'S NAME		14. MOTHER'S MAIDEN NAME		
-	Frank Bay		Minnie San	kie	
15. W/ (Yes, no	AS DECEASED EVER IN U. S ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. R	NFORMANT	Address	
	No	Mr	s. Frances Mu	rphy Lav 125 Ha	n.mc nds L.
18	. CAUSE OF DEATH [Enter only one cause per li	ge for (a), (b), and (c)	1/2:	/ 1	NTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	lurus	edlaraino	maton;	NSPLAND DEATH
	1511X DUE TO A	5			
	Conditions, if any, which) (b)	a of tel	Merin	ч	
	gove rise to immediate DUETO				
	ying couse lost. (c)				
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART 140	19. WAS AUTOPSY PERFORMED? YES NO
	DO. ACCIDENT WAS UNDERLYING TO DESCRIPTION OF DESCRIPTION OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	2. (Chier noture of injury in Port I a	r Part II of item 18.)	
WEDICAL 200	and the same of th		ICE OF INJURY (Home, form, 20f.	(City or town) (Coun	ly) (State)
MEC	P. m. 19 White at war	Not while	tory, street, birice blog., etc.)		
2	1. I certify that I attended the decease	ed fram NAV 2	T. 195710 5	19. 19.5 Athat I last	sow the deceased
1 1	live on 5.0 191 c. 19			fram the causes and an the	
	51 / /		ADDRE	\$\$ (Street, city or town, state)	DATE SIGNED
A SI	CTUAL GNATURE	11	un 1045 Pataps	sco Ave. May	1986
	AME (Type) 1. entry / VG . Summ	ers	Boltimore ?	25. Anyland	
	URIAL, CREMATION, 22b. DATE THEREOF EMOVAL (Specify)	22c. NAME OF CEMETERY OF	CREMATORY 22d L	OCATION (City, town, or county)	(State)
Fu	ricl 12. 1956	Coder Hill	An	re Aru del Co.,	. EIA
23. FÚ	NERAL DIRECTOR'S SIGNATURE	ADDRESS BAL	76. 25 140 240 REC'D BY R	EGISTRAR 24b. REGISTRAR'S SIGNA	TURE
-7	Proper Hone- 4001	KITCHIE HEW	DATE	1956 Ala Mui	sen
-	7 7				

envera k' g'

Just Co Mil

My when will

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Vii

VS A15C 1-55 10M ~

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4700 CERTIFICATE OF DEATH

T47 m0108 4_6. #4

()	4	6	7	5
			1	

28

Reg. Dist. No. .

100000000000000000000000000000000000000	
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Anne Arundel MARYLAND	state of delay Md. county Same A. A.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (It outside corporete limits, write RURAL and give nearest town)
OR end give neerest lown) (in this place)	OR TOWN 64/// TT 3 5 TT
Trife saile [S moneus	/Jame Herald Harbor
HOSPITAL OR INSTITUTION OR	STREET (If rurel give location) ADDRESS
STREET ADDRESS Sann's Nursing Home	19/14 North Riverside Drive
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Manager De Alica 7	OF DEATHS
MacA Sefuel	DEATH May 13th 19 56
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED,	
F. W. (Specify) Widow 1/2/9	Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY	COUNTRY?
ratired) Housewife Home	Lynchburge, V. U.S.A. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Georges Christian	Florence Bell
15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	1 17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or detes of service)	
	Sann's Nursing Home Records
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A) Carcinoma of the	lungs Unknown
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
(0)	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
D SEASE OR CONDITION CAUSING DEATH.	
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO 📑
21e. ACCIDENT WAS UNDERLYING 21b PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c, WHERE DID INJURY OCCUR? (City or town) (County) (Stele)
21d, TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e, INJURY OCCURRED	21f, HOW DID INJURY OCCUR?
While Not while	
M, et work et work	
	5, 19 , to. \$/13/56, 19 that I last saw the deceased
ative on 5/10/56, 19 and that death occurred a	12-45. P.M. from the causes and on the date stated above.
/signature	ADDRESS (Street, city, town, state) DATE SIGNED
Gustail Hatauler Was	len Burnia, Md. 5/13/56
23, BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF	R CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (SPECIFY) 5-16-56	72, 62 Bath You !
A Mould - 10.10. 00 10 ollaters	Mrs Janhaners 1112
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 5-18-56 / 1/2-10-19	Nettel Donesies on Aguer Ma.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4701 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If Institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Anne Arundel Appe Arundel Maruland b. CITY OR TOWN (If outside corporate fimils, write RUPAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ped give neglest travel Drugg Drury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE YES NO NAME OF HANNEY Middle 4. DATE Month Day Year DECEASED (Type or print) DEATH 19 56 Unidentified No. Max 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. last birthday) Months WIDOWED [DIVORCED T 210 10g, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Farm LaboreR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages John Wesle Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT WARNERST Give I Vewe LIRIFFIN Washing to 4 D.C. INTERVAL BETWEEN DISET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1, DEATH WAS CAUSED BY: Massive thoracic hemorrhage IMMEDIATE CAUSE (6) **DUE TO** Bullet wound of heart Conditions, if any, which gave rise to immediate cause DUE TO (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPS 6 PERFORMED? NO [200 EXTERNAL CAUSE WAS PRIMARY 20 or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) CAUSE OF DEATH. in heart during altercation. 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, | 20f. (City or lawn) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, affice bldg, etc.) A 89 Not while Anne Arundel Md. at work of work p. m. rurv 21. I certify that I took charge of the remains described above, held an Autopsy XI, Inspection . Inquiry . and find that of the Chief death resulted from: Natural causes Accident . Suicide . Homicide XI. Undetermined cause DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATUR FUNERAL I ASSISTANT MEDICAL EXAMINER T **EXAMINER'S** William V. 5/11/56 Loviet. NAME (Type) DEPUTY MEDICAL EXAMINER [220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 MOSES MA412 1956 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. A15ME(5) SM 9755

BUREALI V. E

YAM

	MARYLAND STATE DEPARTMENT OF HEAD	LTH-BALTIMORE, 1	8 04577
	4702 CERTIFICATE OF DEA	ATH	Reg. Dist. No. 25
	PLACE OF DEATH O. COUNTY A DU L Je / Co . MARYLAND 2. USUAL RESIDENCE O. STATE M 9	(Where deceased lived. If institute b. COUNTY	on: Residence before admission)
	RURAL and give nearest town)	I (If outside corporate limits, write R	URAL and give nearest town)
-	BROOKIUM MAD PRS. BROOM d. NAME OF MOSPITAL (If not in hospital, give street address) d. STREET ADDRES OR INSTITUTION		e. IS RES DENCE ON A FARM?
-	209 11 = AUE, 209 I. NAME OF First Middle Lost	11 - AVE	YES NO
	(Type or print) EDNA M. BotEleR	4. DATE Mon OF DEATH 3	24 1951
5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. DATE OF BIRTH WIDOWED DIVORCED 5-9-9	9. AGE (In years law birthday) yrs.	Months Doys Hours Min.
/ 1	00. USDAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (S during most of working life, even if refired)		12. CITIZEN OF WHAT COUNTRY
1	JECESEWIFE - MD. 3. FATHERS NAME 14. MOTHERS MAID	DEN NAME	
	John HILER Sara	Clark.	
	5. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT To a. no. or unknown) (If yes, give wor or dates of service)	Add	
0	NO FAMILY		46
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	71	ONSET AND DEATH
-	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO DUE TO		T// Cu
	Conditions, if any, which a first Driedveter Twellot	wì.	2
	gove rise to immediate corse (a), stating the under		· · · · · · · · · · · · · · · · · · ·
	lying couse last. (c)		
_ n C	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T		PERFORMED?
1 10	200 ACCIDENT WAS UNDERIVING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury	rin Port for Port that item 18	CLL- YES NO
183	¥ FOR CONTRIBUTING LI CAUSE OF DEATH I	y in ton ton ton 1900 hom ton	
400	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED to factory, street, affice bldg.	form, 20f. (City or town)	(County) (State)
	21. I certify that I attended the deceased from F1/7. 1957, to	WA 105	,that I last saw the decease
		/ 7.	and an the date stated above
	191	ADDRESS (Street, city or town,	
	SIGNATURE MILLION M.D. 110110	May, 2 ru	lug.
	PHYSICIAN'S H-G. Symmers MD.		
2	120. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 3-28-56 Louden P/C Com.	22d. LOCATION (City, town, o	or county) (State)
2			STRAR'S SIGNATURE
	Mc Cully Funeral Am. 130 E. Fort Auc DATE	- North -	ta Mutoon,
	W.	AYL	KO NO

envern A. S.

JOJE 38 YAM

BECEINED





his MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 After ŏ Items 7,11,13,14 FilmG198 6-18-56 et 04679 copy FICATE OF DEATH death. Reg. Dist. No. third FilmG1-9 6-27-56 c t Item 2 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED aff COUNTY STATE Maryland MARYLAND COUNTY director, CITY (If outside corporate limits, write RURA) (If outside corporations) and give neerest toyo) LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give negrest town) OR (in this piece) ÖR TOWN TOWN Baltimore 72 HOSPITAL OR STREET (If rurel give location) INSTITUTION OR C within MANOR CONV. HOME ADDRESS STREET ADDRESS Favette Street 3. NAME OF (Middle) (Lest) 4. DATE (Month) (Dey) [Yeer] DECEASED registrar by the (Type or Print) h m DEATH 5. SEX COLOR OR SINGLE, MARRIED 6. DATE OF BIRTH 9. AGE lest brithdey UNDER 1 YEAR IF UNDER 24 HRS RACE WIDOWED, DIVORCED. Months Days Hours Mir. (Specify) Single <u>ٿ</u> ۽ Yrs. 10s. USUAL OCCUPATION (Give kind of work KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT with filled done during most of working life, even if OR INDUSTRY COUNTRY? A. A. Co. 1 aryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME commiletely. Unknown Unknown physicia 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT & ADDRESS certificate (Yes, no, or unk.) (If Yes, give wer or detes of service) SIIC 18. MEDICAL CERTIFICATION INTERVAL BETWEEN attending I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH THROM BOSIS ∎ħysician death ₩e <u>الإ</u> IMMEDIATE CAUSE ES E DUE TO ANTECEDENT CAUSE(S) 0 law requires that the DISEASES OR CONDITIONS, IF ANY, attending material HOSPITAL GIVING RISE TO THE ABOVE CAUSE hospital DUE TO STATING UNDERLYING CAUSE LAST. detached (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE the DISEASE OR CONDITION CAUSING DEATH. þ Ę, 196, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO retained 70. 210 ACCIDENT WAS UNDERLYING IT 21b PLACE (Home, ferm, fectory, The 21c. WHERE DID INJURY OCCUR? (City or fown) PHYSICIAN (County) (Stelle) **■xec≡ted** OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: 21d. TIME OF INJURY (Month) (Day) membly with (Yeer) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? þe While Not while et work et work may 22. I hereby certify that I attended the deceased from that I last saw the deceased copy Mertificate A.M. from the causes and on the date stated above. alive on // and that death occurred at. FUNERAL SIGNATURE 10.M ADDRESS (Street, city, town, stete) DATE SIGNED certificate BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, Jown, or county) (Stele) REMOVAL (SPECIFY) 0 REGISTRAR'S SIGNATURE 24, REC'D BYAREGISTRAR FUNERAL DIRECTOR'S SIGNATURE DATE Morris



MAN TH SECTION SECTION

15M 9/SS







MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

filed

9

attending

nit.

please

in Re

page 3 should the registrar pr

TO JUILLIA

VS A15 (4) 15M 9/55

RUKEVA K. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4705 **CERTIFICATE OF DEATH** Reg. Dist. No. 17-12 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) roadwodter 4Urc 4to4 OHMUN d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF First 4. DATE Middle Month Day Yeor DECEASED OF DEATH (Type or print) 19 5 (5. SEX 6. COLOR OR RACE 7. MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED DATE OF BIRTH lost birthday) Months Days WIDOWED [7] DIVORCED T papers. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? death during most of working life, even if relired) ashillit and ğ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME uxtle IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 4- Butler SR 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) nellete **DUE TO** څ Conditions, if any, which gned gove rise to immediate DUE TO couse (a), stoling the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO Z 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY IHome, form, Month. Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., atc.) Hour a. n. While Not white 19 of work of work p. m. 21. I certify that I attended the deceased from _____, 19____,that I last saw the deceased and that death occurred at 11 M, from the causes and an the date stated above. ADDRESS Street, city or town, stole) DATE SIGNED ACTUAL SIGNATURE shauld PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) page REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE 3 15M 9/55

BECENVEN AND MAY 14

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DECENTED ED

cil es YAM

BUREAU V. S.

11

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4706 **CERTIFICATE OF DEATH** Reg. Dist. No 1, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) · COUNTY b. COUNTY. MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) ES 01 d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION ON A FARM? POYES NO ! NAME OF First Middle Year DECEASED (Type or print) DEATH 19.54 5. SEX 9. AGE (In years last birthday) 6. COLOR OR RACE 8. DATE OF BIRTH FUNDER TYEAR IF UNDER 24 HRS MARRIED NEVER MARRIED Months WIDOWED [7] 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) RESSMAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which] gave rise to immediate **DUE TO** couse (a), stating the underlying cause last. PAIR 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 7 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year (County) (State) factory, street, office bldg., etc.) While Not while at work 🔲 of work p. m. 21. I certify that I attended the deceased from the total ___, and that death occurred at 10415 ZM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 146 REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE DATE 15M 9/55

SA MIMINI 9531 I KAR

NUL NUL

20 4 A

New Cathedral

ADDRESS

Cem -

Balto

24g. REC'D BY MEGISTRAN

. IS RESIDENCE

Hours

Day

ON A FARM?

YES NO

Yeor

7 1660

PERFORMED? YES TO NO PE

(Stote)

24b. REGISTRAR'S SIGNATURE

(Stote)

56 10

Min

0 1SM 9/SS

23. FUNERAL DIRECTOR'S SIGNATURE

4.

BUREAU V

3261 E: YA.

MATE TO

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

EUREAU V. S.

..! OI YAM

DECENARIO

M. A.		ACE OF DEATH COUNTY Anne	Arundel.		MARYLAN	o. STATE Mary.		ed lived. If instit b. COUNT		before admission)
134	ь.	CITY OR TOWN (If or and give neglect form) Anna	unde corporate limits, w	rite RURAL	c. LENGTH OF STAY IN II	,	outside corp	oorate limits, write	RURAL and giv	re nearest town)
	d.	NAME OF HOSPITAL		(If not in has	spital, give street address)	d. STREET ADDRESS 9 St	eele Av	re.		a. 15 RESIDENCI ON A FARM? YES NO
7.		AME OF ECEASED ype or print)		muel	Middle K •	Duvall	4. DATE OF DEATH	Moni Ma:		2 1956
S.	. SE	x Male	6. COLOR OR RAC	7. MARRIE	ED NEVER MARRIED S	8. DATE OF BIRTH Dec. 39, 1937		9. AGE (In years lost birthday) 18 yrs.	Months Day	
;	0a. du	USUAL OCCUPATION pring most of working Shuden t	(Give kind of war life, even if retired	Pos	kind of Business or Indi st Grad.	Annapoli			12. CITIZEN	OF WHAT COUNTR
1:	3. F	E. Saun	ders Duve	11		14. MOTHER'S MAIDEN Ceci	NAME 1 G. Ke	y		
7 0		WAS DECEASED EVER	IN U. S. ARMED F	of service)		. INFORMANT		Address		
		no la. cause of Death Part I. Death 795.5	WAS CAUSED BY: MMEDIATE CAUSE (DUE TO	o)	for (a), (b), and (c).}	Mr. E. Saunde			l d	NTERVAL BETWEEN DINSET AND DEATH
NOTATION		PART II. OTHE	I Enter only one of I WAS CAUSED BY: MMEDIATE CAUSE (DUE TO MICH one couse) DUE TO MICH of COUSE (R SIGNIFICANT CO	ouse per line o) b) c) notine	for (a), (b), and (c).) No Ana Contica		CRUSE	of Deat	h Found	NTEDVAL BETWEEN NSET AND DEATH
MEDICAL CERTIFICATION	California	18. CAUSE OF DEATH PART I. DEATH 1795.5 Conditions, if ony gove rise to immedia (0), stating the uncause last.	WAS CAUSED BY: WMEDIATE CAUSE DUE TO Which ole cause oderlying R SIGNIFICANT CO E WAS TRIBUTING	ouse per line o) b) c) notitions co	TO (a), (b), and (c).) NO Anatontica ONTRIBUTING TO DEATH BU E HOW INJURY OCCURRED INJURY OCCURRED 200. F	l or Checical	CAUSE AINALD, SEASI ort or Part m. 20f. (City	of Deet	h Found	NIEPVAL BETWEEN ONSET AND DEATH 19 19 WAS AUTOPSY PERFORMED? YES NO
	Medical Cevillication	18. CAUSE OF DEATH PART I. DEATH 1795.5 Conditions, if ony gove rise to immedia (a), storing the uncause lost. PART II. OTHE 200. EXTERNAL CAUS PRIMARY or CONT CAUSE OF DEATH. 200. TIME OF INJURY Hour a.m. p. m.	I Enter only one of WAS CAUSED BY, WAS CAUSED BY, WHICH ole couse of the couse of t	ouse per line o) b) c) co) nDitions co 206 DESCRIBI while of wo	Tor (a), (b), and (c). NO Anatontica ONTRIBUTING TO DEATH BU E HOW INJURY OCCURRED Not work of work remains described al	1 or Che: ical IT NOT RELATED TO THE TERM (Enter nature of injury in Pa	CAUSE AINAL D.SEASI ort I or Port II or, 20f. (City	of Deat	VEN IN PART I(c	NIEPVAL BETWEEN ONSET AND DEATH 19 19 WAS AUTOPSY PERFORMED? YES NO
	Medical Certification	18. CAUSE OF DEATH PART I. DEATH PART I. DEATH 19. 5 Conditions, if on, gove rise to immedia (a), stating the un cause lost. PART II. OTHE 20a. EXTERNAL CAUS PRIMARY II. OTHE CAUSE OF DEATH. 20c. TIME OF INJURY Hour a. m. p. m. 21. I certify the	I Enter only one of WAS CAUSED BY, WAS CAUSED BY, WHICH ole couse of the couse of t	ouse per line o) b) c) co) nDitions co 206 DESCRIBI while of wo	Tor (a), (b), and (c). NO Anatontica ONTRIBUTING TO DEATH BU E HOW INJURY OCCURRED Not work of work remains described al	I or Che: ical IT NOT RELATED TO THE TERM (Enter nature of injury in Polace OF INJURY (Hame, for actory, street, affice bidg., et bove, held an Autop buicide, Hamicid	CAUSE AINALDISEASI ort or Part or, 20f. (City c) e , Ur EXAMINER	of Deet	VEN IN PART I(c	DATE SIGNED
MEDICAL		INO 18. CAUSE OF DEATH PART I. DEATH 77 5 5 Conditions, if ony gove rise to immedia (a), stating the un cause lost. PART II. OTHE 200. EXTERNAL CAUS PRIMARY or CONICAUSE OF DEATH. 200. TIME OF INJURY Hour o. m. p. m. 21. I certify the death resulted	Mediate cause by: WAS CAUSED BY: WAS CAUSED BY: WAS CAUSED BY: WAS CAUSED DUE TO: Which ole couse It couse It couse WAS GRIBLIANT CO WAS GRIBLIAN	ouse per line o) b) c) NOTIONS CC 20b DESCRIBI or 20d. While of wo le of the i	TO (a), (b), and (c). NO ANA COLLICA ONTRIBUTING TO DEATH BU E HOW INJURY OCCURRED Not while of work of wo	I OF Che: ical IT NOT RELATED TO THE TERM (Enter nature of injury in Pactory, street, office bldg., et bove, held an Autop Suicide , Hamicid ASSISYANY MEDICAL I ASSISYANY MEDICAL I DEPUTY MEDICAL	CRUSE AINALDISEASI TH or Part TM, 20F. (City C) EXAMINER CAL EXAMINER	of Deat	VEN IN PART I(c	D) 19 WAS AUTOPSY PERFORMED? YES NO (Slote)

BUREAU V. S.

get & X"

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04690 4679MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN Iff pulside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) negrest lown) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. S RESIDENCE prior ON A FARM? YES NO 3. NAME OF → Middle 4. DATE Month Day Yeor DECEASED (Type or print) DEATH 19 COLOR OR RACE 7. MARRIED | NEVER MARRIED AT 9. AGE in years IF UNDER TYPAR IF UNDER 24 HRS. 8. DATE OF BIRTH Months Hours Min. WIDOWED [DIVORCED [7] 100/USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY turing mosk of exacting life, even if retired) 1. BIRTHPDACE (Stote or foreign country) 12 CIT ZEN OF WHAT COUNTRY? DURG may 13. FATHER'S NAME. 14. MOTHER'S MAIDEN NAME pages ١O Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAND Address 18. CAUSE OF DEATH [Enter only one cause per fule for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which) gove rise to immediate cause **DUE TO** (o), stoting the underlying cause last. 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1161-19 WAS AUTOPSY PERFORMEDA YES 🖂 NO. 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Month, Day, Year 20c. TIME OF NJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slote) factory, street, office bldg., etc.) While Not white at work ot wask 21. I certify that a took charge of the remains described above, held an Autopsy [], Inspection | Inquiry , and find that death resulted from Accident . Natural causes Suicide . Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATUE M.D. forwarder FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** cute the NAME (Type) DEPUTY MEDICAL EXAMINER X 220, BUR AL, CREMATION, 1226, DATE THEREOF 22c. NAME OF CEMEIERY OR CREMATORY 22d. LOCATION (City, Jown, or county) /Sintel BEMOVAL (Spec.fy) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRAR'S SIGNATURE 24a, REC'D BY REG STRAP VS. ATSME(5) DATE

DEPUTY

5M 975S

BUREAU V. S.

DEL STAM

third

ATTENDING HTSICIAN OR HOSPITAL: The law requires that the deal The bottom copy may be retained by the hospital or attending physician. INSTRUCTIONS

VS A15C 1-55 10M

CEPTIFICATE OF DEATH

4680	VIIII CA	L OI DEA	R	eg. Dist. No 21
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF D	ECEASED
COUNTY Anne Arundel	MARYLAND	STATE Marylar	id county	Anne Ar ndel
CITY (If outs'de corporate limits, write RURAL OR and give nearest lown) TOWN Annapolis	(in this place)	CITY (il outside corpor OR TOWN Annat	rate limits, write RURAL (
HOSPITAL OR		STREET		ive location)
INSTITUTION OR STREET ADDRESS Anne Arundel Gen	neral	ADDRESS 123 S	on View Av	· ·
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Mo	
(Type or Print) WILLIAM	F	FLOOD SR.	OF DEATH	MAY 29. 19 56
5. SEX 6. COLOR OR 7. SINGLE, MA		-	P. AGE last birthdey	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White Widowed,	arried Marc	ch 22, 1890	66 yrs.	Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b	KIND OF BUSINESS	11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT
done during most of working life, even it retired) President T1:	or industry	Annonolda Mar	erel and	COUNTRY?
13. FATHER'S NAME	- D001 -	14. MOTHER'S MAIDEN N	IAME	USA
William J. Flood		Marry A	RUTHARI	o
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS DDRESS	
(Yes, no, or unk.) (If Yas, give war or detes of service)	215-28-6	166 Louise C. F		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA		ERTIFICATION	7.000	INTERVAL BETWEEN ONSET AND DEATH
	UREMIA			24.85
IMMEDIATE CAUSE (A)	~			0 4
DISEASES OR CONDITIONS, IF ANY, (B)	MYONER	PHROBIS		Jul.s
GIVING RISE TO THE ABOVE CAUSE DUE TO	•			
4 - (c) C	TKC/NOKS	OF BLADE	ER METTY	STIFIK 18 MOS
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
190. DATE OF OPERATION 196, MAJOR FINDING	GS OF OPERATION			20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYNG 21b. PLACE (H	ome, farm, tectory,	21c. WHERE DID INJURY OCCUR	7 (City or town)	(County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY STREET (IF EITHER, NOTIFY MEDICAL EXAMINER)	et, office bldg., etc.)			(State)
	tie. INJURY OCCURRED White Not while at work	211. HOW DID INJURY OCCUR	.?	
22. I hereby certify that I attended the de alive on 29 Miles, 1956 as signature	and that death occurred	at AM, from the co	auses and on the ESS (Street, Sty, low	date_stated above.
23. BURIAT, CREMATION, REMOVAL (SPECIFY) BUT 12	NAME OF CEMETERY		LOCATION (City, low	vn, or county) (Sieta)
	St. Mary		Annapolis,	Maryland
24. REC'D BY REGISTRAR REGISTRALS	Toursel	25. FUNERAL DIRECTOR'S	1101	ADDRESS
DATE 6-1-56 111 - U	ייייייייייייייייייייייייייייייייייייייי	HOPPING FUN	IERAL HOME	MAPOLIS MD.

1

registrar within by the funeral

를 :E

certificate has been executed by the attending hysician and campletally filled death certifical assembly alloued be detached for use an allurial transit permit. The mottom copy may be retained by the hospital or at miding plysician.

CERTIFICATE OF DEATH

Reg. Dist. No.

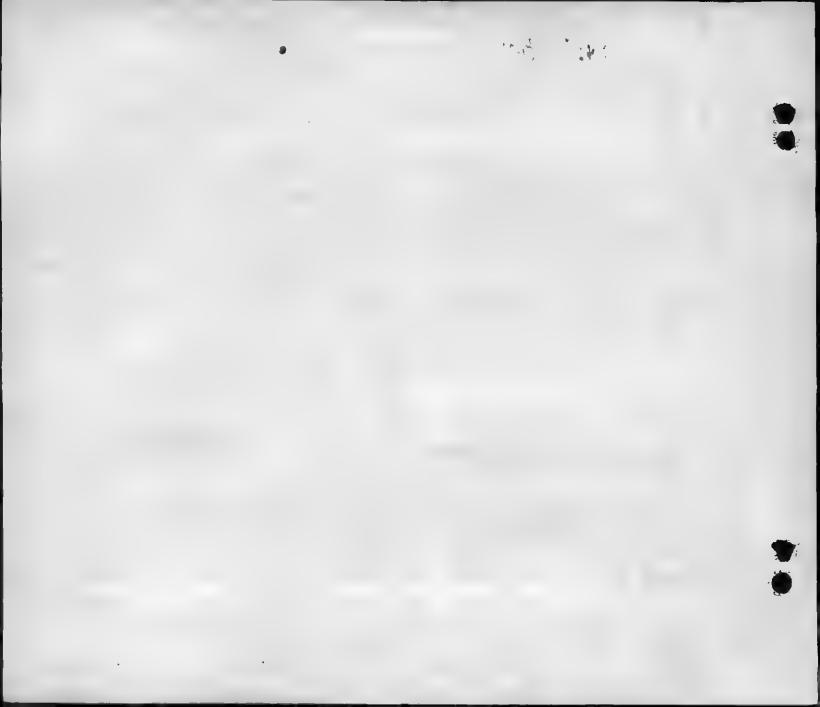
A.s	201					keg. Dist.	. NO	
1. PLACE OF DEATH YUUL				2. USUAL RESIDENCE (HOME) OF DECEASED				
COUNTY Anne Arun	del	MARYLAND		STATE Maryl	and county	Anne	Arund	le
CITY (If outside corporate limit OR and give nearest town) TOWN Anna polis		LENGTH OF STATE		CITY (If outside co	rporete limits, write RURAL		est town)	
HOSPITAL OR	Arundel Gene	ral Hospit	tzl	STREET ADDRESS	(If rure) g	live location)		/
3. NAME OF (Fir	st)	(Middle)	įL	ast)	4. DATE (M	onth)	(Dey)	(Year)
(Type or Print) MARJ(DRIE GERA	LDINE R	FOWLER		DEATH	May 4		19 56
5. SEX 6 COLOR OR RACE	7. SINGLE, MARR WIDOWED, DI (Specify) S11	IED, 8.	DATE OF B		9. AGE test birthday	IF UNDER		NDER 24 HRS
Female White 10s USUAL OCCUPATION (Give kin done during most of working life	d of work 10b. KII	ND OF BUSINESS	11.	BIRTHPLACE (State or fo	preign country)	1 40	CITIZEN OF	WHAT
refired) none		none					USA	
James Gardine	er Fawler			14. MOTHER'S MAIDE Shirle	N NAME By Fowler			
15. WAS DECEASED EVER IN U. S.	ARMED FORCES? 16	S. SOCIAL SECURITY	NO.	17. INFORMANT	& ADDRESS			
(Yes, no, or unk.) (If Yes, give wes	or dates of service)	none			ardiner Fow	ler		
I DISEASES OR CONDITIONS DIRECT IMMEDIATE CAUSE ANTECEDENT CAUSE(S DISEASES OR CONDITIONS, IF A GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LA ET OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED	(A) DUE TO NY, (B) JSE DUE TO (C) CONTRIBUTING	16. MEDICA		C Carry (a				BETWEEN ND DEATH
190. DATE OF OPERATION	19b. MAJOR FINDINGS	OF OPERATION					20. AU	TOBEVI
							YES	NO L
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMIN	TH OF INJURY streat,		Zic,	WHERE DID INJURY OC	CUR? (City or town)	(Count	(y)	(Stata)
21d. TIME OF INJURY (Month) (D	ay) (Yaer) (Hour) 21e Wh M. at w			HOW DID INJURY OC	CUR?			
22. I hereby certify that alive on SIGNATURE 23. BURIAL, CREMATION, REMOVAL (SPECIFY) BUT 1a1	7. 19. 5. C and ATE THERFOR 5/6/56	NAME OF CEMET	ery or cre	A.M. from the S. Calledon MATORY Cemetery	causes and on the DRESS (Street, city, to	date stated wn, state) 5/4 wn, or jounly),	above.	e deceased
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR	2 11		ADDRESS	-
5/5/56	H. W. Via	70		1/2 A/	San I for the	10 15	11211	1 100 1

oxene,

~ 12 AY

: &

. . .



/-	AGRO CERTIFICATE OF DEATH	0. Dist. No. 04694
d with	PLACE OF DEATH COUNTY Line Original Maryland 2 USUAL RESIDENCE (Where deceased lived. If institution: R COUNTY D. COUNTY	
de de la companya de	c. CITY OR TOWN (If outside corporate limits, write RURAL REPORT OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL R	and give nearest town)
d 2 shau	d. NAME OF HOSPITAL RETNOT in hospital, give street address) of INSTITUTION CERTIFICATION CERTIFICATION CERTIFICATION CERTICAL CERTIFICATION CERTIFICA	IS RESIDENCE ON A FARM? YES NO NO
n 24 ho filled in ges 1 an		-56 19
pletely ers. Pog	M Le WIDOWED DIVORCED 5-3-1420 Stephindoy Mo	INDER 1 YEAR IF UNDER 24 HRS Inths Doys Hours Min
and com on pape death.	Carpenter Construction Linguista	2. CITIZEN OF WHAT COUNTRY?
icate be ysician o ave carb urs after	FATHER'S NAME 14. MOTHER'S MAJDEN NAME 14. MOTHER'S MAJDEN NAME VERY SERVICE OF THE SECURITY NO. 17. INFORMANT Address / A	p
ith certification of the certi	18 yes, give wor or date of services 219-16-1126 Margarete Jaiton	(2)
the dea	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LECT CONTROL OF THE CAUSE (a)	ONSET AND DEATH
es that	Conditions, If any, which gave rise to Immediate (b)	Moutt
requir	couse (a), stoting the under DUE TO tying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THEFTERMINAL DISEASE CONDITIONS GIVEN A	N PART MAINSTWAY ALTOPSY
ng physical properties of the formal physical ph	Rules Fell Kielney sie wasty structe, anen	PEREDRIMED?
SICIANs attendis ertificat as the L	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)	(County) (State)
spital or er this or for use , cremat	Hour a. st. 19 While Not while factory, street, office bldg., etc.) 21. 1 certify that I attended the deceased from 1444 1955, to 14 111 av. 1956ah	at I last saw the deceased
Perched	alive on 16 M Cay 19.5 Ce, and that death occurred at 1.05 PM, from the causes and ADDRESS (Street, city or town, state	on the date stated above.
prior t	SIGNATURE AT THE WILLIAM M.D. Stackly wide	Maryk of Flin
OSPITA NERAL JNERAL JNERAL Je 3 sho registro	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d JOCATION (City, lown, or contemporation)	unity) (State)
D C S	FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) 24g. REC'D 8Y REGISTRAR 24b. REGISTRAR 24b. REGISTRAR	PS SIGNI (UR)
VS A15 (4) 15M 9/55	John 19. Taylor Low Cherefoles Majore 3/18/1956 1	- Oloman



CERTIFICATE OF DEATH Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY b. COUNTY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (Unbide corporate limits, write RURAL and give nearest town) ENRAL and give nearest fown d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS OR INSTITUTION YES NO NAME OF 4. DATE Middle Last Month Day Yeor DECEASED DEATH (Type or print) 195 6. COLOR OR MACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years lost birthdoy) Months DIVORCED [WIDOWED [711 100. USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, eyep thretired) ofte 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? AND AL SECURITY NO. CAUSE OF DEATH [Enter only one couse per-line for (o), (b), and (c) CHISET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gove rise to immediate DUE TO cottse (a), stating the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port III of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg, etc.] MEDI Hour a.m. While Not while of work O of work p. m. 21. I certify that I attended the deceased from ...that I last saw the deceased alive an __, and that death accurred at 🕢 _M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 23. FUNERAL DIRECTOR'S SIGNATURE -246. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR. 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

ENWEYN R &



-30

MARYLAND STATE DEPARTMENT OF HEALTH

	2411 N. Charles	Street, Baltimere
	CERTIFICAT	E OF DEATH Reg. Dist. No
L	Item 12FilmG199 6-22-56 et	7
П	1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
ı	Anne Arundel MARYLAND	Maryland
	CITY (If outside corporate limits, write RURAL and CENGTH OF STAY OR give nearest town) LENGTH OF STAY (in this place)	OR CITY (If outside corporate limits, write RURAL and give nearest town)
	TOWN HOSPITAL OR Control Design	TOWN Sander's Park STREET (It rural, give location)
1	institution or Sander's Park	ADDRESS Pasadena, A. A. Co. Md.
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
П	DECEASED	OF Mar 5
	5. SEX 1 6. COLOR OR RACE 1 7. SINGLE, MARRIED.	6. DATE OF BIRTH 9. AGE iast birthday If under year If under 24 hrs.
	M WIDOWED, DIVORCED, (Specify) Marries	3/28/92 64 yrs. Months Days Hours Min.
ı	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITTEEN OF WHAT
1	Carpenter Constructi	on Sveden
ľ		14. MOTHER'S MAIDEN NAME
1,	/ Unknown	Unknown
ľ	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS
1	lacrvice)	Mrs. Hazel Johanson Sander's Park
ļ	18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
Ì.	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Н	1 Aprendu	a of the right lung 3 mouths
L	Immediate cause (a)	- by the theyeld thereby
Н	Antecedent cause(s)	
Н	Diseases or conditions, if any, (b) giving rise to the above cause	# 1905 1905
Н	stating the underlying cause last	
L	II. OTHER SIGNIFICANT CONDITIONS	
1	Conditions contributing to the death but not	sein Moderately serie 2 "1" 1.
	related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20/AUTOPSY)
		Yea 🖂 No 🖂
	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
Ł	SUICIDE OF office bidg., etc.) HOMICIDE INJURY	
П	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR!
ŀ	OF INJURY m. While at Not While Work At work	
		a
	22. I hereby certify that I attended the deceased from May 1	2, 1957, to Amay S., 1952.42, that I last saw the deceased
4	alive on May 4, 195 4 and that death occurred at	ADDRESS DATE SIGNED
Н	SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
	17. M. Mchuff. in M.D.	Fasadoua, Med. May 5, 1936
	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town/or county) (State)
	REMOVAL (Specify) 5/8/56 Magothy C	hurch Jacobsville Md
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR ADDRESS
	4734 441	John F. Denny. Inc. 715 Light St.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causage of leath clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





The bottom copy may be retained by the hospital or attending physician.

ATTENDING PHYSICIAN OR HOSPITAL

CERTIFICATE OF DEATH

Reg. Dist. No.

1	I. PLACE OF DEATH		2. USUAL RESIDE	NGE (HOME) OF DEC	EASED
1	COUNTY Anne Arundel	MARYLAND	STATE New Yo	rk county St	ulfolk
	CITY (foutside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY	CITY (If outside corp	preta limits, write RURAL end	give neerest town)
,	Town Linthicum Heights	(in this place)	TOWN LONG	Island	/
	HOSPITAL OR	0 1100	STREET	(If rural give I	ocetion
1	INSTITUTION OR STREET ADDRESS	2	ADDRESS	770 Til - 1 1	D 3 D -1 D 2.1
	410 Greenwood Ad	O&C Aiddla)	(Lest) Box	372 Elaine I	Road, Rocky Point
	DECEASED			OF 4	11 20
ı	[Type or Print] ROSE .	- KLII		DEATH NO	4 // 19.5 6
	5. SEX 6. COLOR OR 7. SINGLE, MARRIEI RACE WIDOWED, DIVO		F BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS.
	Female White (Specify) Wit	dow Nov.	12, 1893	62 yrs "	Aonths Days Hours Min,
١		OF BUSINESS	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT
4	refired)	INDUSTRY	Czechloslova	kia	COUNTRY?
ı	13. FATHER'S NAME		14. MOTHER'S MAIDEN		0000000
	Unkown			Unkown	
ı		SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS	
ı	(Yas, no, or unk.) (If Yas, give wer or datas of service)			4	13 Greenwood Rd.
1	NO - 1	None		r F. Klima I	inthicum Hehts.
1	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION		INTERVAL BETWEEN ONSET AND DEATH
ı	CONTRACTOR OF THE CONTRACTOR O	ada a Ilain	2-0-1 1	serve.	12126-
١	IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO	reces-1000	m		7
	ANTECEDENT CAUSE(S) DUE TO THE DISEASES OR CONDITIONS, IF ANY, (B)	Destion	- V		5-6 2n
1	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO				
	(C)				
١	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
١	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
ı	19a. DATE OF OPERATION 19b. MAJOR FINDINGS C	OF OPERATION			20. AUTOPSY?
ı					YES NO
Ī	216. ACCIDENT WAS UNDERLYING 216. PLACE (Homa, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of (IF ETHER, NOTIFY MEDICAL EXAMINER)		1c. WHERE DID INJURY OCCU	R? (City or town)	(County) (State)
ı	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. White	Not white	21F. HOW DID INJURY OCCU	JR?	
ı	22. I hereby certify that I attended the deceased from CET. 19.35 to May 11 19.56 that I las				, that I last saw the deceased
Л	alive on M&4 11 19 5 6 and	that death occurred at.			
ξ	SIGNATURE			RESS (Street, city, town,	
	Chas & Ball h	. M.D. &		/	5/11/56
	23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town,	or county) (State)
		D2 3 37-	4.17 6 1	77. 7	
	Burial May 14. 1956 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	Pinelswn Ne	t 1 Cemetery	Pinelawn, I	ong Island, N.Y.
	1.11 1 100	a. st	10111:	alletin	al 3 . m.
ļ	DATE 4/16/46 NN. Caldi	old Mooding	MI. VI Sur	MXELLEN-1	Jun + June -116
	, ,	UU		/	

TA

æ,

4635 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside comporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR-TOWN (If outside corporate I mits, write RURAL and give negrest town) RURAL and give nearest town) d NAME OF HOSPITAL (If not in hospital, give street address)
OR HISTITUTION d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO 1 NAME OF Middle 4. DATE Month Year DECEASED OF DEATH (Type or print) 19 MUNDER 1 YEAR IF UNDER 24 HE 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH AGE (In years Months Hours WIDOWED [7] DIVORCED [7] August 7, 1894 10g USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Baltimore. Maryland U S. Gov. Tire Inspector 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Whitbecker Margaret George Knoble 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Lena U. Knoble- Wife- same as 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE-CONDITION GIVEN IN, PART 1(0) 19. WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enver noture of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour o. ft. While Not while of work 🔲 of work p. m. 5 Othat I last saw the deceased 21. I certify that/Lattended the deceased from and that death occurred at 2016 P.M. from the causes and an the date stated above. alive on ADDRESS (Street, city or town, state) should PHYSICIAN'S NAME (Type) 226. DATE THEREOF 220. BURIAL CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) pode REMOVAL (Specify) Baltimore County. Maryland June 2. 1956 Parkwood Cemetery 240. REC'D BY REGISTEAR 1946 REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE Glen Burnie. DATE May 31,56 VS A15 (4) 15M 9/55 MONERAL HOME

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

r X : X

8 'A HETTING

· / Nor

ADDRESS

VS. A35ME(5) 5M 9/55

0

UKIA

23. FUNERAL DIRECTOR'S SIGNATURE

e. IS RESIDENCE

YES NO

ON A FARM?

19 56

Min.

Hours

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

Rea, Dist. No.

ose B. Thomas	
VANT Address	
Mary Lawler (wife.)	
the head	INTERVAL BETWEEN ONSET AND DEATH
LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES K NO
ature of injury in Part I or Port II of Item TB)	
INJURY (Home, form, 20f. (City or town) (Coun eat, office bldg., etc.) Glen Burnie Ann	
ield an Autapsy [], Inspection [], Inquiry []. Hamicide []. Undetermined cause [].	
CHIEF MEDICAL EXAMINER () ASSISTANT MEDICAL EXAMINER () May 4,	DATE SIGNED
RAL ENMUNESONAVE	
FUNDATE 1 1956 Z. J. J.	alling

WAY THE STATE WAY &

.

4636 CERTIFICATE OF DEATH

Reg. Dist. No.

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY ame auntil Co. MARYLAND	STATE Manufaced COUNTY Prince Teo, Co.
	COUNTY COUNTY COUNTY CONTROL MARYLAND CITY (If outside corporete fimiles, write RURAL LENGTH OF STAY	CITY ill outside corporate limits, write RURAL and give neerest lown)
1	OR and give naerest town) (In this place)	TOWN Cottege City,
	HOSPITAL OR	STREET (If turel give legation)
	INSTITUTION OR	ADDRESS 110 - Cottoge Legense
	a von comercial of recon	110 01,000,000
	3. NAME OF (First) / (Middle)	(Lost) 4. DATE (Monyh) (Day) (Yaar)
	- OLCAE	Marshall DEATH 5 - 29 1956
	5. SEX 6. COLOR OR 7% SINGLE, MARRIED, 8. DATE O WIDOWED, DIVORCED,	Itentha i Dave Money i Min
	Terrale white (Specify) williwed Une	mla 27, 1870 8/ yrs. Months Days Months
į.	10a. USUAL OCCUPATION (G ve kind of work 10b KIND OF BUSINESS done during most of working life, even If OR INDUSTRY	11, BIRTHPLACE (Siele or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Ш	ratired) Whe	Hall toun but ta. ausa.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Land Henry Beck.	may relate Ruhl.
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS (James)
4	(Yes, no, or unk.) (If Yes, give wer or deles of service)	mes may Inese Julian Ling tomalle
	18, MEDICAL CER	TIFICATION INTERVAL BETWEEN IN
	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Ocelus sm
	420 IMMEDIATE CAUSE (A)	Oceluism
	ANTECEDENT CAUSE(S) DUE TO	artery Designe
	DISEASES OR CONDITIONS, IF ANY, (B) CELLINALLY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
	STATING UNDERLYING CAUSE LAST, USE TO	
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,	
	198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	uni.	YES NO
	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	tic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21a, INJURY OCCURRED White Not white	21f, HOW DID INJURY OCCUR?
	M. al work detwork	
, [19 56, to May 29, 19 55, that I last saw the deceased
/		Significant the causes and on the date stated above.
Ž Ž	signature H lulian	ADDRESS (Street, city, lown, state) DATE SIGNED
553	M.D.	Lauten, ma J-29-36
Š	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL-ISPECIFY	1 0-11
₹	BORINE	
× ×	24. REC'D BY REGISTRAR REGISTRAD'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	one BY 3 1956 Sm. J. French	Martin 10 1/4 son 2 160 Nash 1/1
	000	

J'A fizzaini

9967 7,)

BAIDOUR!

24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

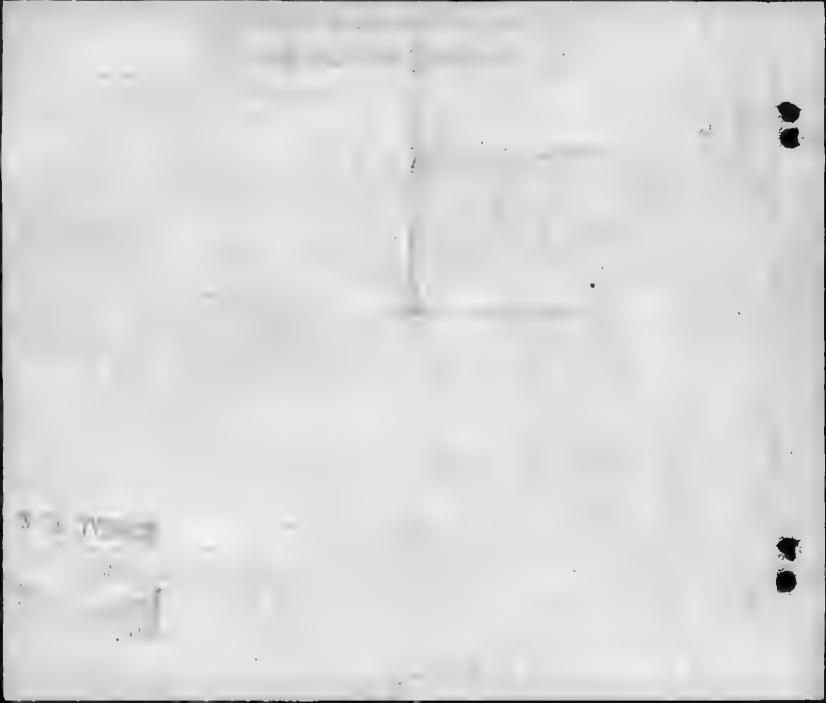
The bottom copy may be retained by the hospital or attending physician.

04703

4714 CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
Anny Armalel	he el	
COUNTY	STATE / COUNTY	
CITY (Il outside corporate limits, write RURAL LENGTH OF STAY	CITY (It outside corporate limits, write RURAL and give neural OR	st town)
OR and give nearest town) TOWN (in this ptece)	TOWN CO.	
TOWN CICENTIFICATION OF THE PROPERTY OF THE PR	Jacumor	8 4
HOSPITAL OR	STREET (If rural give location)	1 / V
INSTITUTION OR TLAZH MANCE (C) FILE	ADDRESS // /	1 %
SIREEL MODRESS 1 = 1 CT FILLING CC	1 0024 michentyrou	Lerrane
3. NAME OF 1 (First) (Middle)	(Lest) 4. DATE (Month)	(Day) (Year)
DECEASED III	LAURIN DEATH MWY	15 150
(Type or Print)	1_1+VKIN DEATH IN WIT	7 1906)
S. SEX 1 6. COLOR OR 1 7. SINGRE, MARRIED. / 8. DATE (OF BIRTH 9. AGE last birthday IF UNDER 1	YEAR IF UNDER 24 HRS.
RACE 12 WIDOWED OVORCED.	(1 - 16-C1') / / Months	Devs Hours I Min.
Spreity)	(1) 12 1 ん 6/4 yrs.	
10a. USUAL OCCUPATION (Giva kind of work 10b. KHYE OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
done during most of working life, even if	The distribution for formally,	COUNTRY?
retirad) / f / f	(huge	
12 FAMILIE MANY	1 AL HATHERIC HAIRFALNIANS	
13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
10 1 1 1 1 1 1 1 1	1/2/	
- 1111 - 131 -		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS MON	
(Yes, no, or unk.) (If Yes, give war or dates of service)		1/11
	3024 uncacustry	Con The Control of th
18, MEDICAL CE	RTIFICATION	ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	50 C THE CAR SIX 1	ONSEL AND DEATH
LL20.0 IMMEDIATE CAUSE (A)	1 1 1 1 1 1 2 2 2	
ANTECEDENT CAUSE(S) DUE TO	Property of the second	
DISEASES OR CONDITIONS, IF ANY, (B)		
GIVING RISE TO THE ABOVE CAUSE		
STATETO CHOSE EAST.	,	
(C)		
TO THE DEATH BUT NOT RELATED TO THE	1 distance	
DISEASE OR CONDITION CAUSING DEATH.	A MANORAL CONTRACTOR	
		20. AUTOPSY?
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		
		YES NO
	21c. WHERE DID INJURY OCCUR? (City or town) (County	(State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.)		
	211. HOW DID INJURY OCCUR?	
21d, TIME OF INJURY (Month) (Day) [Year) (Hour) 21e, INJURY OCCURRED While Not while	211. HOW DID INJUST OCCUR?	
M. el work at work		
	7 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /	
22. I hereby certify that I attended the deceased from/137	-1, 19 Dle, to May 4, 19 1 4, that I I	ast saw the deceased
alive on ATOM Cla. 10 10 and that double assured a	t. M. from the causes and on the date stated	abassa
alive on 11 19 19 and that death occurred a		above.
1 lack to be	ADDRESS (Street, city, town, state)	DATE BIGNED
MO MINING M.D.	(Cles Busine 1)	11-2411416
23. BURIAL CREMATION. / I DATE THEREOF I NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county)	(Clata)
REMOVAL (SPECIFY)	LOCATION, OF COUNTY)	1 (3:410)
Burial man 8 1906 Mr. C	Lu huis Staffmine	, Med,
	Company of the contract of the	Acres and
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	EDIKE 22
The State AVI		1 line
DATE - 100 O. T. ORUMANIA	1001 Duce Call	





88 YA!



PISTRUCTIONS I

9

4715 CERTIFICATE OF DEATH

Reg. Dist. No. ...

I I PLACE OF DEATH	2. USUAL RESIDENCE (NOME) OF DECEASED
county Anne Arundel MARYLAND	STATE Md. COUNTY AA
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	
OR and give necest town) (in this place)	OR TOWN TO Touch MA
Windly Description 11.2.	Relvera Coner, ma.
HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS
STREET ADDRESS Meadew Read	Meadew Rd.
3. NAME OF (first) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Techelle T	Willem DEATH E OF ES
*P\$*n47.10 Tie	MITTAL 80
	DATE OF BIRTH 9, AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS.
P (Specify) Made Wed	10/29/1873 82 yrs. Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work) 10b, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY	CONVIEKS
retired) Keusewife	H6 10
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N	NO. 17. INFORMANT & ADDRESS
	Family Same
	A COMPANY
(Yes, go, or unk.) (If Yes, give wer or detes of service)	L CERTIFICATION INTERVAL BETWEEN
18, MEDICAL	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH LA CE CELE T	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH MANAGEMENT CAUSE ANTECEDENT CAUSE(S) DUE TO The first content of the first conten	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH MANUELIATE CAUSE (A) DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B)	tulmenary ediena 2 hour
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) ELI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	tio Cardiora soular destan du huce
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. LI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	dulmenary ediena 2 fines. dié Cardioraseulardisian den Ano
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Lulmenary ediena 2 - firste de la
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. LI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	dulmenary ediena 2 fines. dié Cardioraseulardisian den Ano
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) EL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21b. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory,	Lulmenary ediena 2 - finer. Tie Cardioraseular destare den Ause.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. ET OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Leulmenary ediena. 2 -finer. Tie Cardioraseular destare den Auson. 20. AUTOPSY? YES \(\) NO \(\)
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. LI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21b. ACCIDENT WAS UNDERLYING OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e, INJURY OCCURRED	Lulmenary ediena. 2 -finer. Tiè Cardioraioular destare deu Ario. 20. AUTOPSY? YES \(\) NO \(\)
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. LI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21b. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e, INJURY OCCURRED While Not while	20. AUTOPSY? YES NO [] 21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Slete)
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21b. ACCIDENT WAS UNDERLYING 19b. MAJOR FINDINGS OF OPERATION 21b. ACCIDENT WAS UNDERLYING 70F INJURY street, office bidg., etc.) OF INJURY street, office bidg., etc.) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e, INJURY OCCURRED Not while et work 19b. et work 1	20. AUTOPSY? YES NO [21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Slete)
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21b. ACCIDENT WAS UNDERLYING 19b. MAJOR FINDINGS OF OPERATION 21b. ACCIDENT WAS UNDERLYING 70F INJURY street, office bidg., etc.) OF INJURY street, office bidg., etc.) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e, INJURY OCCURRED Not while et work 19b. et work 1	20. AUTOPSY? YES NO [21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Siete)
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) White Not white M. et work 22. 1 hereby certify that i attended the deceased from. A. A.C	20. AUTOPSY? YES NO [216. WHERE DID INJURY OCCUR? (City or lown) (County) (Siete) 216. 19. I. J., 10 J.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) White Not white M. et work 22. 1 hereby certify that i attended the deceased from. A. A.C	20. AUTOPSY? YES NO [21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Slete)
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. LI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21b. ACCIDENT WAS UNDERLYING OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED Mot while M. et work 22. 1 hereby certify that I attended the deceased from A. A. A. slive on. A. A. A. A. SIGNATURE,	20. AUTOPSY? YES NO 21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Slete) 21f. HOW DID INJURY OCCUR? ADDRESS (Street, city, town, state) DATE SIGNED
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, (B) CIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. OF IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not while et work alive on	20. AUTOPSY? YES NO 216. WHERE DID INJURY OCCUR? (City or lown) (County) (Siete) 216. HOW DID INJURY OCCUR? ADDRESS (Street, city, town, state) DATE SIGNED DATE SIGNED
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, (B) CIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. ELI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21b. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED While et work et work 22. I hereby certify that I attended the deceased from Aller alive on Aller Court (Laboratory) and that death occurred the company of the court (Laboratory) and that death occurred the court (Laboratory) and that death occurred (Laboratory) and the conditions (Laboratory) and the co	20. AUTOPSY? YES NO 21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Slete) 21d. HOW DID INJURY OCCUR? ADDRESS (Street, city, town, state) DATE SIGNED 21d. ALL STATE SIGNED
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, (B) CIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. OF LI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e, INJURY OCCURRED While Not while et work alive on	20. AUTOPSY? YES NO 21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Slete) 21d. HOW DID INJURY OCCUR? ADDRESS (Street, city, town, state) DATE SIGNED 21d. ALL STATE SIGNED
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, (B) CIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. ELI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21b. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED While et work et work 22. I hereby certify that I attended the deceased from Aller alive on Aller Court (Laboratory) and that death occurred the company of the court (Laboratory) and that death occurred the court (Laboratory) and that death occurred (Laboratory) and the conditions (Laboratory) and the co	20. AUTOPSY? YES NO 21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Slete) 21d. HOW DID INJURY OCCUR? ADDRESS (Street, city, town, state) DATE SIGNED 21d. ALL STATE SIGNED
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE (A) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. LI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21b. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e, INJURY OCCURRED While Not while M. et work 22. I hereby certify that I attended the deceased from // //// BILLY ALL 23. BURIAL, CREMATION, REMOVAL (SPECIFY) BUT 12. 10 MEDICAL (A) (A) (B) (C) (B) (C) (B) (C) (B) (C) (C	20. AUTOPSY? YES NO 21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Siete) 21l. HOW DID INJURY OCCUR? ADDRESS (Street, city, town, state) DATE SIGNED 12s. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE (A) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. LI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21b. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e, INJURY OCCURRED While Not while M. et work 22. I hereby certify that I attended the deceased from // //// BILLY ALL 23. BURIAL, CREMATION, REMOVAL (SPECIFY) BUT 12. 10 MEDICAL (A) (A) (B) (C) (B) (C) (B) (C) (B) (C) (C	20. AUTOPSY? YES NO 21c. WHERE DID INJURY OCCUR? (County) 21c. HOW DID INJURY OCCUR? (County) (County) (Stote) ADDRESS (Street, city, town, state) DATE SIGNED (Stote)

JAITTUI

SENT : :

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

HEURI DESIDENCE (HONE) OF DECE

04706

4716 CERTIFICATE OF DEATH

Reg. Dist. No.....

	Anna Apunta 11	MAN ALACO APINANTI
	COUNTY // // MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside Corporate limits, write RURAL and give nearest lown)
X	OR and give nearest town) . Dol +0 1 (In this piece)	TOWN OF RAL BOLTO 21 Mass
	HOSPIYAY OR	STREET (If rurel give location)
1	INSTITUTION OR STREET ADDRESS NO NE	ADDRESS NONE
	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Year)
	(Type or Print) (() 1/14 (M215:Opher	1018016 DEATH 1724 13 1956
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED DIVORCED.	Months Dave Hours Min
	(Specify)//A/22/8(1-	10-1819 37 yrs
7	done during most of working life, eyen if	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	FRANK ChrisTopher	W. BANKING
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS A 1301 TO 27
0	(Yes, na. or unk.) (fi Yes, give wer or dates of service)	John C. MORCK MAD.
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
	160 X IMMEDIATE CAUSE (A) PROSDIRONTO	RY FAILURE 30 MIN
	ANTECEDENT CAUSE(S) DUE TO	The basis
	DISEASES OR CONDITIONS, IF ANY, (B)	prom sosis
	STATING UNDERLYING CAUSE LAST, DUE TO DIE betes 1 %	1/17US 154RS
H	TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	I DOTH DITIS
	DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
^	176. DATE OF OPERATION	YES NO
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	c. WHERE DID INJURY OCCUR? (City or fown) (County) (State)
		H. HOW DID INJURY OCCUR?
	M. While at work et work	
	22. I hereby certify that I attended the deceased from 10/2	1947, to 12, 19 Cathat I last saw the deceased
4	alive on	C.C.J. AM, from the causes and on the date stated above.
10%	10/11/8/01000	ADDRESS (Street, city, town, stele) DATE SIGNED
1-55	23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR C	CREMATORY LOCATION (City, Jown, or county) (State)
A15C 1-55	Runal 5-15-56 EAST NEW A	MARKET CEM. DOPChester Co. Md.
5	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	DATE V MANG That Mutson	Mc Cully Fun. HM. 130E. Fort AVE.
I.		

3 A MARIE

A. M.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4688 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR JOWN (If autside corporate limits, write RURAL and give nearest town) KURAL/and give nearest Jown) CURGEBAT makolis d. NAME OF HOSPITAY (If nat fin haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION YES X NO NAME OF **First** Middle 4. DATE Manth Day Year DECEASED (Type or print) DEATH 19 5. SEX 6 COLOR OR RACE 7. MARRIED X NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9 AGE (In years last birthday) Manths Davs Hours Min. DIVORCED [WIDOWED [7] 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17 THEORMANT Address attending eose lb in CAUSE OF DEATH [Enter only one cause per lumper (a), (b), and (c).] INTERVAL BETWEEN ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Canditions, if any, which (b) gave rise to immediate **DUE TO** coese (a), stoting the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CERTIF 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Day, 20d. INJURY OCCURRED Year (County) (State) factory, street, office bldg., etc.) Hour o. m. Not while at work at works D. III. 21. I certifies that I attended the deceased from 1922, that I last saw the deceased and that death occurred at Myfram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE/SIGNED. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNE 220 BURIAL, CREMATION, 22b. DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (State) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE ADDRESS/ 24a. REC'D BY REGISTRAR VS A15 (4) 15M 9/55



04708

CERTIFICATE OF DEATH

Reg. Dist. No.

Ċ

i	COUNTY H. A. CO. TREETOWAMARYLAND	STATE MARVANDOUNTY	6.4.
	CITY (If Surfide corporate limits, write RURAL LENGTH OF STAY OR and give aspect town) } (in this piece)	CITY (If outside corporate limits, write RURAL and give nearest to OR	wn)
i	TOWN FILE TOWN IMO	TOWN FREE LOWN IN	1.d
	HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	,
	STREET ADDRESS - REELOWN, Md.	GLEN BURNI	E
I	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Day	y) (Yaer)
ı	(Type or Print) DAMELA MARIE DAR	KFR DEATH 5 - 29	1856
	S. SEX B. COLOR OR 7. SINGLE, MARRIED, 8 DATE OF	BIRTH 9. AGE last birthdey IF UNDER 1 YE	AR IF UNDER 24 HRS.
	RACE WIDOWED, DIVORCED, APRIL) 30, 1956 Yrs. Months Day	Hours Min.
Ì	10e, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS 1		TIZEN OF WHAT
ı	done during most of working life, even if retired) OR INDUSTRY	Vin King Kar Barta My Co	DUNTRY?
ı	13. FATHER'S NAME	1 A4. MOTHER'S MAIDEN NAME	01.0.
ı	DE) AUD DIDUED	Dapic CREEN	
ı	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS 322	
,	(Yes, no, or unk.) (If Yes, give wer or detes of service)	EDNA VANA	SHA MIN
1		EVALUANE PASEDE	INTERVAL SETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
ı	INCMEDIATE CAUSE (A) CLECC LOZOTO	color Onemmonia	i day
ı	ANTECEDENT CAUSE(S) DUE TO		
	DISEASES OR CONDITIONS, IF ANY, (8)	, , , , , , , , , , , , , , , , , , ,	
ı	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO		
	(C) II OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING		
ı	TO THE DEATH BUT NOT RELATED TO THE	(
ı	DISEASE OR CONDITION CAUSING DEATH 196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	<u> </u>	20. AUTOPSY?
	7		YES NO
ĺ	21e ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY straat, office bidg., atc.)	c. WHERE DID INJURY OCCUR? (City or lown) (County)	(State)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
ı	While Not while	H, HOW DID INJURY OCCUR?	
ı	M. et work et work	21 24 000 3	
ı	22. I hereby certify that I attended the deceased from Ill. Cog 7.	19 Jy ., to. The chay As f , 19 5 4 that I last	saw the deceased
ı		MICCIAM, from the causes and on the date stated ab	ove.
ı	SIGNATURE /	ADDRESS (Street, city, town, slate)	PATE BIGNED
ı	23. BLRIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	REMATORY LOCATION (City, town, or country)	(State)
	REMOVAL (SPECIEY)	W (END MAC THY	101
	24 REC'D BY REGISTRAR REGISTRARY'S SIGNATURE	1/25. FUNERAL DIRECTOR'S SIGNATURE ADDR	ecc.
ı	11 1 10 F 7 1 0 11	ALL AT. ILLER E.	3 11
	DATE JULY 9. 4. Ob allbay	WM. A. JACKSON FUNEKA	CHOWE
	4	GII PENNSVINANIA	UVE

1. TA MINING

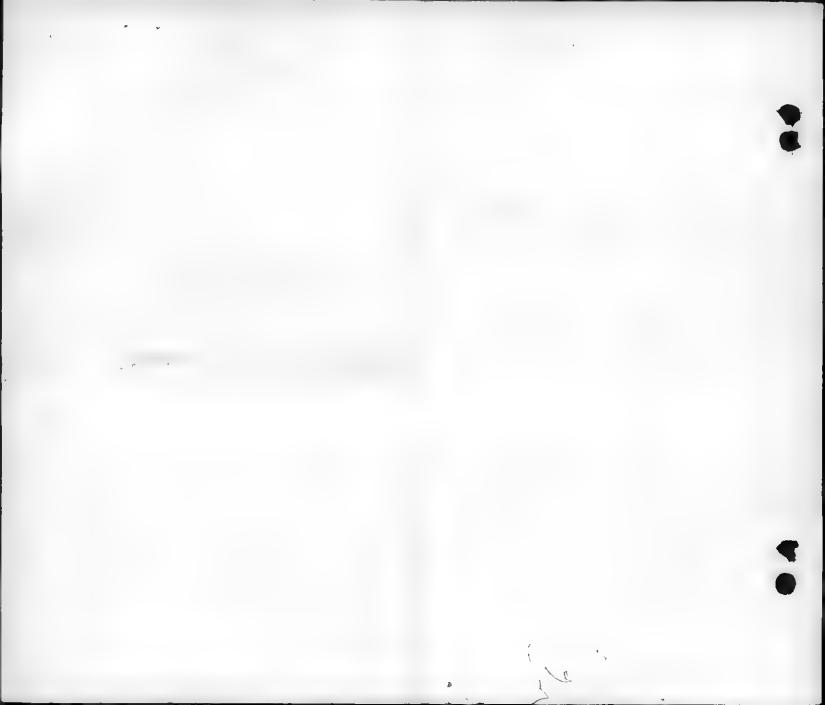
1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
• e=		4689 CERTIFICATE OF DEATH 04709 Reg. Dist. No. 2
directal	1.	PLACE OF DEATH a. COUNTY Cou
ald be	,	b. CITY OR TOWN (If Jutside corporate limits, write RURAL and give nearest town) RURAL and give nearest town? Climanals
d 2 sho		d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? OR INSTITUTION I FUND ON A FARM? YES NO NO NO NO NO NO NO ON A FARM? YES NO NO NO NO NO NO ON A FARM?
illed in	3.	NAME OF DECEASED (Type or print) NELLIE M. PATTERSON DEATH MAY 5 1956
rs. Pog	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE [In years If UNDER 1 YEAR IF UNDER 24 HRS. 18 18 18 18 18 18 18 1
and camples our papers.	10	O USUAL OCCUPATION (Give kind of work done done done during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? (1) CILCEMENT M
icion ar e corba rs ofter	13	FATHER'S NAME THOMAGARAN TALKERS MANDEN NAME Stanamener
ng phys remov 72 hour	15i	WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO 17 INFORMANT OF GROUPS OF SERVICES 16. SOCIAL SECURITY NO 17 INFORMANT OF SECURITY NO 17 INFORMANT OF SECURITY NO 18 INFORMANT OF SECURITY OF SECURITY NO 18 INFORMANT OF SECURITY OF SECURITY NO 18 INFORMANT OF SECURITY OF SECURITY OF SECURITY OF SECURITY NO 18 INFORMANT OF SECURITY OF SECUR
ottendi ottendi n pleas		18. CAUSE OF DEATH [Enter only one couse per Interior (o). (b). ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Or ollral (ascular) (ascular) (ascular)
by the it. The ty even		Conditions, if any, which) as VIIIA & FOMELIA, Conditions to any which
equires on. signed sit perm nd in ar		gove rise to immediate code (o), stating the under- lying cause lost.
physicie os beer iol-tran noval, a	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 1 NO 1
rending ficate h the bur	CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
of or of this certifies of the or of	MEDICA	20c. TIME OF INJURY Month. Day. Year Hour a. m. P. m. 19 20d. INJURY OCCURRED While Not white of work of wo
After Ched for viol, cr		21. I certify that I attended the deceased from Allebrater, 1954, to 5 May, 196, that I last saw the deceased olive on 1956, and that death occurred at 964 M, from the causes and on the date stated above.
by Angle of the dela prior to by	1	ACTUAL SIGNATURE ALLE HER ABOUT M.D. H. SOULANDE (MICHAELES MASSES)
retg RAL should strar pri		PHYSICIAN'S NAME (Type) = NUTHED S. B.F.K.
D FUNE Boge 3 The regi	27	O BURIAL, CREMATION, 226. DATE THEREOF 22c. NAMES OF CEMETERY OR CREMATORY (City, town, or county) (Stote) OLIVIAL (Specify) 5-9-1956 St. Mirry is com. (Mary in Com.)
VIII A15 (II) 15M 9/5S	23	EUTOFRAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D BY REGISTRAR 246 REC'S SIGNATURE (LINE OF CHILDREN)
	-	Thick I I I I I I I I I I I I I I I I I I I

BUREAU Y, E.

3031 PI YAM

DEGENACION

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE Reg. Dist. No. I. PLACE OF DEATH: USUAL RESIDENCE (HOME) OF DECEASED: legibly. COUNTY MARYLAND STATE COUNTY CITY (If outside corporate limits, RURAL LENGTH OF STAY CITY cornerate limits, write RURAL and give nearest town) carefully. OR and give nearest toym) OR (in this place) MOYE and HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS Grex 376-RU clemrly infommation 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) DECEASED: OF RICHARD (Type or Print) DEATH: denth 5. SEX: S. COLOR OR SMOTE, MARRIED, WIDOWED, DIVONORD. OF BIRTII: DATE 9. AGE lost birthday: If UNDER 1 YEAR I'P UNDER 24 HRS. RACE: Months | Days | Hours (Specify): of f Ico. USUAL OCCUPATION, Give kind of 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 0 INDUSTRY: COUNTRY? MARGIN RESERV BD FOR BINDING work done during most of working life, work done universely: Ship builder item 50 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME CHIL every esse 15 WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO .: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) | (if Yes, give war or dates of Supply service) Write MEDICAL CERTIFICATION Interval Between 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death please 占 Immediate cause (a) DUE TO NG Antecedent causes (s) Physicians Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last. DUE TO UNFAI II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not Cerotic Heart Viscare related to the disease or condition causing death. WITH important. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes No No 21. ACCIDENT SUICIDE PLACE (Home, farm, factory, street, (STATE (Specify) (CITY OR TOWN) (COUNTY) OF INJURY office bldg., etc.) HOMICIDE more TIME (Month) (Day) (Year) especially (Hour) INJURY OCCURED HOW DID INJURY OCCUR! Not While While at INJURY Work At Work 22. I hereby certify that I attended the deceased from 12 May 1956 19, that I last saw the deceased , to .. WRITE 45/M, from the causes and on the date stated above. alive on 17/Man 07 SIGNATURE DATE SIGNED (Degree or titie) 24 Man 1956 BURIAL, CREMATION, LOCATION (City, town, or county) PLEASE NAME OF CEMETERY REMOVAL (Specify) SUY19 Class . DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FUNERAL ADDRESS REGISTRAR



4690 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY Q. STATE **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate lights, write RURAL and give nearest town) d gave nearest lown) restriction prior la d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF DATE Lost Day Year Month -DECEASED OF (Type or print) DEATH 19 for 5. SEX 6. COLOR OR RACE 7- MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE Ille years IF UNDER TYEAR IF UNDER 24 HRS. Months Min. Days Hours DIVORCED F 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Journg mast of working life, even of votired) 4nancolet 13. FATHER'S NAME moy 14. MOTHER'S MAIDEN NAME Pages 8. Give Page PM3. Page 1 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18 CAUSE OF DEATH (Enter only one cause per line for Left, (b), and (c) INTERVAL BETWEEN PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) alang with fa burial-transit **DUE TO** Conditions, if ony, which pencil gove rise to immediate couse DUE TO (a), stoting the underlying couse lost. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY SO PERFORMED? (3) NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY, OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18) e P Exam 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or lown) (County) (Stote) fastgry, street, office bldg., etc.) the of work a! work ting th 77 p. m. 21. I certify that book charge of the remains described above, held an Autopsy Inspection Inquiry , and find that death resulted from Natural causes Accident Suicide 1/ Homicide Undetermined cause DATE SIGNING ACTUAL CH EF MEDICAL EXAMINER SIGNATURE forward FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINERS 22q. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMAJORY 72d. LOCATION (City, town, or county) EMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS. 24a REC'D BY REGISTRAR 24b. EGISTIC PLS SIGNATUR VS. A15ME(5) 5M 9/55

executed

DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



- 1	PLACE OF DEATH				2. USUAL RESIDENCE	(Where decease			ence before admission)
		Arundel		MARYLANI	o- STATE Maryl	and	b. cou	NTY	
ľ		f outside corporate limits, wr	te RURAL C.	LENGTH OF STAY IN TE			parate limits, w	rite RURAL and	give nearest town)
Y			anolie	Tew seconds	Balti	More	29		
1	d. NAME OF HOSPIT	AL OR INSTITUTION	(If not in hospita	l, give street oddress)	d. STREET ADDRESS			***************************************	e. IS RESIDE
-	Re	vell_Boule	ਹੜ ਅਤੇ		119 Rose	roft Te	arrace		YES N
-	NAME OF		cit	Middle	Lost	4. DATE		onth	Doy Year
I	DECEASED (Type or print)	Carroll R	av Phi	linns		OF DEATH	May	30th.	19 5
ľ	SEX			NEVER MARRIED	8. DATE OF BIRTH		9. AGE ,In year		TYEAR IF UNDER 24
ŀ	Male	W	WIDOWED	DIVORCED	11/15/95		61 v	Months .	Days Hours Min
1	Do. USUAL OCCUPATION	ON (Give kind of work	done 10b. KING	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SH	nte ar foreign c	country)	12. CITI	IZEN OF WHAT COU
	Has wine &	ig life, even if retired)	ant at S	Sears & Roel	uck Wicomic	o Co. I	Md.	U	J.S.A.
ŀ	I3. FATHER'S NAME	ta oonsare	arry and	JOHED & HOUSE	14. MOTHER'S MAIDEN				
I	Dogg	Phillips				Unknown			
1	5. WAS DECEASED EV		DRCES2 16. 500	CIAL SECURITY NO. 117.	INFORMANT	OILMIONI	Addr		deceased
	Yes, no, or unknownt	orld War	service)		rs.Theresa I	He wtm:			
					II De III OI OOM 2	30 1300 7 0010	4113 (444 4	6.14027	
1		TH [Enter only one co TH WAS CAUSED BY:			,of right le	et of n	eck and		ONSET AND DEATH
1		IMMEDIATE CAUSE () Place	He or skur	., or 118110 I	-8301 II	OUL WIIG		
ť		DUE TO		ned exest.					Sudden
	Ganditians, If a		Crus	Ted eness.					
	(o), stating the								
١	cause lost.) («	*						
	PART II, OTH	HER SIGNIFICANT CON	IDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINALDISEAS	E CONDITION	G VEN IN PAR	T 1(a) 19. WAS AUTO PERFORMED
1	5								YES NO
	PRIMARY I OF COS	NTRIBUTING 🔲 📗	Ob. DESCRIBE HO	OW INJURY OCCURRED.	(Enter nature of injury in P	ort I or Port I.	of Item 18)		
				ile hit a t					
	20c. TIME OF INJUI	RY Month, Day, Ye	While		ACE OF INJURY (Hame, for		or town)	(Cor	unty) (Sto
	6.19 p. mg	5/30/56 19		LACI MINIA	rell Highway		Margare	t, A.A.	Md.
1	21. I certify th	hat I toak charg	e af the rem	ains described at	ave, held an Auta	osy 🔲, Ir	spection [A. Inquir	y 🗐 and find
ı	death resulted	from: Natural	causes [],	Accident X, S	ricide 🔲, Homici	de 🗍, Ui	ndetermined	cause 🗍	ļ
I	// //	/	.15					_	
	ACTUAL SIGNATURE	ratove	10.10	ubertu	CHIEF MEDICAL	EXAMINER []			DATE SIGNE
ı	310HATORE				ASSISTANT MED	ICAL EXAMINE	R 🗀		
н	NAME (Type)	Santawa U 1	muhant	M T)	DEPUTY MEDICA			/30/56	
- 1		histave H. I		NAME OF CEMETERY C			TION (City, low		(Cama-)
	TO REPUBLIC PERSON	IN 122h DATE THERE	OF 1774						
	20. BURIAL, CREMATION REMOVAL (Spec by)		OF 220	1/ Simple of CEMETERY C	Taxa /	12	, final	2,7	(Stote)
	- ANNOVAL (Spec by)	16/4/5	C- Z	1.5. mi	trinal	130	Eti	752	1
		16/4/5		ADDRESS ADDRESS	trinal	C'D BY REGIST	Eti	G.STRAR'S SIG	1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MAMAN

TO BELLITY MEDICAL EXAMMER: This certifical should be exequed within 24 hours after death. If any delay is necessary, please execute the first maining the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral forward forward forward. It may be retained for your if VS. A15A

1 · ₽ NUL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) 6. COUNTY o. STATE b. COUNTY Anne Arundel MARYLAND b. CITY OR TOWN I'll outside corporate times, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and give negrest town) Few minutes Annapolis Arnold d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Old Country Rd. 101 Chasepeake Ave YES NO 3. NAME OF Middle 4. DATE Month Day Year DECEASED OF DEATH (Type or print) 19 56 Charles Edward Reckner Mav 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED K 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. fort birthdov) Months WIDOWED [DIVORCED F 14 yes. White Male 10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Annapolis, Md. School USA Student 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME poges Ruth Carroll Eugene Dewey Reckner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Aririness Mrs Ruth Reckner, same as 2 permit. 1B. CAUSE OF DEATH: [Enter only one cause per line for (o), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH I in Item 18. with form P PART I. DEATH WAS CAUSED BY: Fracture of Skull . Fracture of Nock Sudden IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gave rise to immediate cause **DUE TO** (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY PERFORMED? NO F 20g. EXTERNAL CAUSE WAS 20b. DESCR.BE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING Automobile Accident MEDICAL Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20c. TIME OF INJURY (County) (State) factory, street, office bldg., etc.) While Not while Arnold AA Md. of work of of work of Same as death 21. I certify that I taok charge of the remains described above, held an Autopsy ..., Inspection ... Inquiry 10, and find that Accident . Suicide . Hamicide . Undetermined cause . death resulted fram: Natural causes 1. DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER TO EXAMINER'S Gustave H. Faybert 5/12/56 DEPUTY MEDICAL EXAMINER [2] 220. BURIAL, CREMAT ON, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION: (City, Iown, or county) (State) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 245 MISISTRAR'S SIGNATURE VS. A15ME/5 5M 9/55

DEPUTY

3 A Aleman

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



			SENT OF HEALTH—BALTIMORE, 18	04715
9 35		4691 CERTIFICA	ATE OF DEATH Reg. Dis	1. No. 2-1
Page director	1.	COUNTY A MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution, Residence o STATE b. COUNTY	e before admission)
Tage of the state		C. CITY OR TOWN (If outside corporate limits, write RMRAV and give nearest fown)	c CITY OF TOXIN (If outside corporate limits, write RURAL and go	ive nearest town)
and a series of the series of		S. NAME OF HOSPITAL(IF not in haspital, give street address) OR INSTITUTION L. J. L.	d. STREET ADDRESS	e. 15 RESIDENCE ON A FARM? YES NO Y
124 hour		NAME OF DECEASED Type or print) A Middle The Analy	Ressler JATE Month OF DEATH J	Day Year 6 1956
d within oletely fi rs. Page	5	Make 6,000 or race 7. MARRIED NEVER MARRIED MONORMOND DIVORGED	the second secon	1 YEAR 1F UNDER 24 HRS. Days Hours Min.
execute nd camp n paper death.	100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12 CHT.	ZEN OF WHAT COUNTRY?
ate be ician ar e carbo	13.	FATHER'S NAME Onald 7. Pessler	MILLARIA LA HOME	
certificat ng physici remave 72 hours		. no. or unknown) [(If yes, give war or dates of service)	orald 7. Pesseer Address (2)
attending attending please of thin 72		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	1 - H 1 L	INTERVAL BETWEEN
the at		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) NEWS HC ST	mac //c/20 Than	4-5WKS
that that it. T		DUE TO Conditions, if eay, which) (b)		
in. signed sit perm		gove rise to immediate cause (a), stating the under lying cause lost.		
physicia as been ial-trans	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
FAN: The ending ficate he five bur tem.		20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)	
PHYSIC of ar alt his certification, use as emation,	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for the color of the color of work o	ACE OF INJURY (Home, farm, 20f, (City or town) (City, street, office bldg., etc.)	ounty} {State}
NDING Affect the thicked for unial, cre		21. I certify that I attended the deceased from DIRT alive an 5/6, and that death	**************************************	ast saw the deceased
be deto		ACTUAL Philip Proces	ADDRESS (Street, city or town, stote) M.D. 95 Canadas ST Admapasi.	DATE SIGNED
OSPITAL ON De retain INERAL (e. 3 shauld registrar pr		PHYSICIAN'S PHILIP BRISCIE	Mayland	
Mos Pose 3 the registre		REMOVAL SPECIFY 5-8-56	aleenson	(Stote)
VS A15 (4) 15M 9/55	23.	John 3: Jaylus Sus Commpolis	240. REC'D BY REGISTRAR 24b LEGISTRAR SSIG	Tour
			/ / / / / / / / / / / / / / / / / / / /	

DECEDVED.

BUREAU V. C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Anne Arundel b. CITY OR TOWN (If outside corporate Kmih, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give negrest town! Glen Burnie 71 veers Same d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 523 Westway Harundale YES | NO R Same 3. NAME OF 4. DATE Month DECEASED OF DEATH (Type or print) John Geiger Phoeds May 28th 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. White 77/7/1900 WIDOWED [7] DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Reading . Pa. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Glanson Rhoads Lillian Geiger 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT P.M.3. P.C Mng Cylvia Phogda (Wifn) WORLD WARD NE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Corebral Hemorrhage, caused by a self inflicted PART 1. DEATH WAS CAUSED BY: form IMMEDIATE CAUSE (o) DUE TO wound with a rifle gauge # 22. Sudden Canditions, if any, which) gove rise to immediate cause **DUE TO** (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO 17 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING The 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) of nhullat Gauge 22, through the mouth 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 120f. (City or fown) 20c. TIME OF INJURY Month, Day, Year (County) (Stole) factory, street, office bldg., etc.) While at work 🔲 at work 🕝 In bed room at home. Glan Burnia, A. A. 21. I certify that I took charge of the remains described above, held an Autapsy [], Inspection [7], Inquiry [7], and find that Accident , Suicide , Hamicide , Undetermined cause death resulted from: Natural causes . CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER NAME (Type) Gustave H. Faubert, M.D. DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATU2E 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. A15ME(5)

DEPUTY

5M 9/55

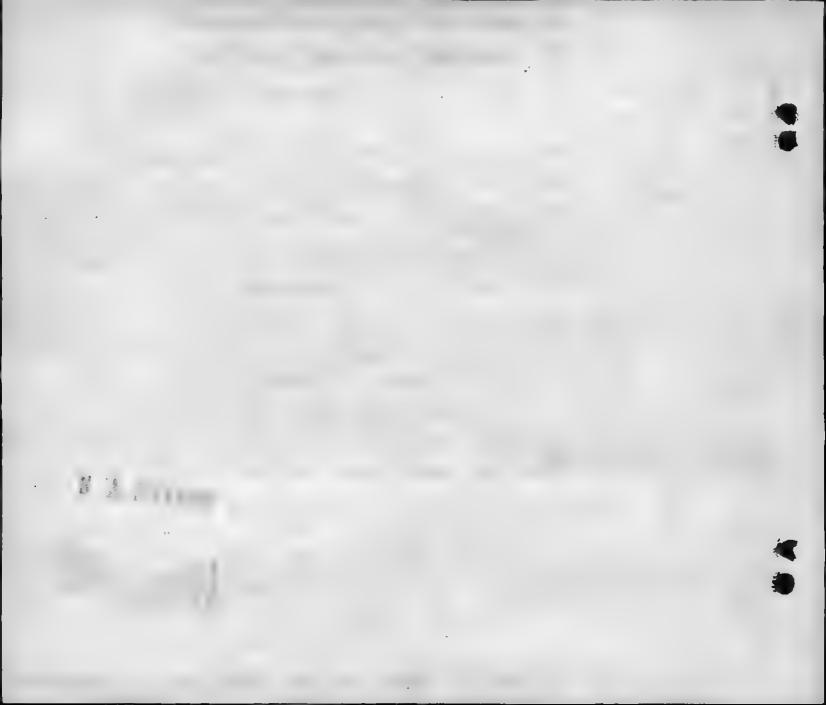
's 'A nyting

SIA - 1957

TO ATTEND

CERTIFICATE OF DEATH 4723

MARYLAND STATE DEPARTME	NT OF HEALTH-BALTIMORE, 18 04717
4723 CERTIFICATI	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY FRATE ARIANDEL MARYLAND	STATE M COUNTY CL CL C
CITY (If ourside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY (It outside corporate limits, write RURAL and give hearest town) OR
11984- 21-65111	TOWN Sloles
HOSPITAL OR INSTITUTION OR STREET ADDRESS GAMBRILLS POSAD	ADDRESS AM DRILLS
3. NAME OF (First) (Middle) (Type or Print) FRFDT-RICK	(Last) 4. DATE (Month) (Day) (You OF DEATH MAY 45 19
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	PF, BIRTH 9. AGE last biohday IF, UNDER 1 YEAR IF UNDER Hours
100 OSUAL OCCUPATION (Give kind of work days during most of working life avands OR INDUSTRY	11. BIRTHPLACE (State or foreign coupling) 12. CIT.ZEN OF WH. COUNTRY?
13. EATHER'S NAME CLITHARTE RIES	WILHELMINA SCHNEISE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes no. grank.) (If Yes, give wer or dates of service) 18 19-18/3.	13 INFORMANT & ADDRESS SEVERNIN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETV ONSET AND D
IMMEDIATE CAUSE (A) A EREBRAL	1 HRCMBCSIS
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	ROSIS GENERAL V
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPS YES NO
21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 21b. PLACE (Home, farm, factory, OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not white at work	211. HOW DID HIJURY OCCUR?
22. I hereby certify that I attended the deceased from Ni Kita	19.54, to MAY 15. 19.54 that I last saw the dec
	M, from the causes and on the date stated above.
SIGNATURE SIGNATURE A.D. HAME OF CEMETERY OR SIGNATURE A.D. HAME OF CEMETERY OR	ADDRESS (Street, city, town, state) DATE SI
Better May 18 1916 horrain	CREMITIONY (Coty, town, of county) Company (Secondary)
24. REC'D BY REGISTRAR REGISTRAR'S, SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 3 J 9
1056 REGISTRAR SIGNATURE	C All 13 and I do I



The law requires that the death certificete be INSTRUCTIONS

4 hours anaudeath.

72 hours after death! After this registrar within by the funeral 후 .드 TO FUNERAL DIRECTOR: The law requires that the death certificated end filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit. ATTENDING PHYSICIAN OR HOSPITAL: The law requires that.
The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4724 CERTIFICATE OF DEATH

04718

Reg. Dist. No.

	i. PLACE OF BEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
i	COUNTY Anne Arundel	STATE Maryland COUNTY Arme Arundel
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (il outside corporete limits, write RURAL end give necest town)
	OR end give neerest town) TOWN Woodlawn Hgtd	or Town Woodlawn Hgts
1	HOSPITAL OR	STREET (If rural give location) ADDRESS
ì	INSTITUTION OR STREET ADDRESS 108 Archwood Ave	108 Archwood Ave.
	3. MAUROT (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Yeer)
	(Type or Print) MABEL L (DEN	NIS) SCHEMM DEATH MAY 8 19 56
i	S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	
1	Female White (Specify) Widowed March	15, 1878 1888 68 yrs. Months Deys Hours Min.
ı	10e. USUAL OCCUPATION '(Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
1	retired) House wife Own home	Connellville, Pa. USA
ı	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ı	William John Dennis	Alice M. Bwyer
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS Poplar Ave.
7	(Yes, no, or unk.) (If Yes, give wer or dates of service)	Mrs Wilmer M. Shue-Daughter- Annapolis, M
ı	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
	Con The	on love
	IMMEDIATE CAUSE (A)	2 100
	DISEASES OR CONDITIONS, IF ANY, (B)	mertension 10 yrs.
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
	19 Drabeles /le	eletia 18 gra
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
	DISEASE OR CONDITION CAUSING DEATH,	
	190, DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
	216. ACCIDENT WAS UNDERLYING 216. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) [IF ETHER, NOTIFY MEDICAL EXAMINER)	fc. WHERE DID INJURY OCCUR? (City or town) (County) (Slete)
i	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED 2 While Not while 4 work 4 work	21f. HOW DID INJURY OCCUR?
	22. I hereby certify that I attended the deceased from Fall 3	1956 to Oct 20, 1955, that I last saw the deceased
	alive on 1956 and that death occurred at.	M, from the causes and on the date stated above.
ı	THAT UNE	ADDRESS (Street, city, town, stete) DATE SIGNED
	C. / Tellen Ventham M.O	Luthen Herpha My 9, 195
	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR (REMOVAL (SPECIFY)	CREMATORY LOCATION (City, lown, of county) (State)
	Burial 5-11-56 Grace Episc	opal Gemetery Elkridge, Md.
	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	DATE VIING L L. Delles	HOPPING AND ARKIEV, GIEN BURNIE, MD.
40		

2.V.L

VS. A15ME(5) 5M 9/55 I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4725MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04719

Reg. Dist. No.

		ead and a	7
	o. COUNTY MU Crentel MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence b a. STATE b. COUNTY	efore admission)
	o. CITY OR TOWN III aviside corporate limits, write EUFAL c. LENGTH OF STAY IN 16 P. Levels	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
60	1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	ATREE ADDRESS	e IS RESIDENCE ON A FARM? YES NO D
	NAME OF DECEASED (Type or print) Philipp ELITHH -	SCOTT DEATH NOUTH DO	19 5Z
5.	6. COLOR OF RAFE 7- MARRIED THEVER MARRIED 12	3/16/56 9. AGE (Id/years IF UNDER 1YEA) Soul byrinday) yrs. Months Dayy yrs.	R IF UNDER 24 HRS. Hours Min.
100	. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUST during most of working life, even if refined	Providence Hosp. Baction 12. CITIZEN (S. L. COUNTRY
	CO allage. E. SOMMERVILLE	14. MOEHER'S MAIDEN NAME Louise Scott	
15. (Ye	WAS DECEASED EVER IN U. 5/ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	WEORMANT Address Address Address	
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: MAMEDIATE CAUSE (a) DUE TO		ERVAL BETWEEN SET AND BEATH LUKELLE
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost.		
CATION	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT H	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIF	206. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED, (I CAUSE OF DEATH.	Enter nature of Injury in Part I or Part II of item 18.)	
MEDICAL		CE OF INJURY (Home, farm, 20f. (City or tawn) (Caunty) ory, street, office bldg., etc.)	(Slote)
	21. I certify that I taak charge of the remains described abo	ive, held an Autapsy 🔲, Inspection 🔟, Inquiry 🗓	, and find that
	death resulted fram: Natural causes . Accident . , Sui	icide 🔲, Hamicide 🔲, Undetermined cause 🔲.	
	SIGNATURE GUSLAVE X- PaubendUD.	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER FT	DATE SIGNED
	EXAMINER'S NAME (Type) DUSTAVE - H 1-4 UBE RT.	DEPUTY MEDICAL EXAMINER D	
220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	CREMATORY 220 LOCATION (City, town, or county)	(State)
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS	240, REC'D BY REGISTRAP 246. REGISTRAP'S SIGNATURE DATE	Alban

BECEINGE

.

INSTRUCTIONS

0

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Item 12, Film 197 5-14-56 et

04720

4726 CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECRASED
COUNTY Cha accende MARYLAND	STATE MO COUNTY
CITY (If outside corporete limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL end give neerest town)
TOWN MARLEY PARK (in this place)	TOWN MARKEY PARK - GheN BURNIE. PO
HOSPITAL OR INSTITUTION OR ALL	STREET (If rurel give location) ADDRESS ///
STREET ADDRESS 111 SUMMIT ITVE	MINOUMAINOUS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Dey) (Yeer)
(Type or Print) ANNIE VOSEPHINE	chreiber DEATH 3 7 1950
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE C	1 .001
Fem while (Specify) wir po wed MAY	7-6-/886 70 yrs. Months Deys Hours Min.
10e. USUAL OCCUPATION (G.ve kind of work 10b. KIND OF BUSINESS done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
retired) Husewife	BCOTLANG U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Vos. /YSON	MARGARET VAVIDSON
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17 INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or detes of service)	Mr. Chas. C. Schkeibal - que
18. MEDICAL CER	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
1) Y IMMEDIATE CAUSE (A) Luanition	
DISEASES OR CONDITIONS, IF ANY, (B) CErebral	Hemorrhage ostrepe syears
STATING UNDERLYING CAUSE LAST. ICI HYIDENTEENS	ive C-V. Disease
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
190, DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE [Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.] (IF ETHER, NOTIFY MEDICAL EXAMINER)	tic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
M, et work et wark	
22. I hereby, certify that I attended the deceased from S.C.A	, 19.50, to May 4, 19.56, that I last saw the deceased
	11154
	M.M. from the causes and on the date stated above.
SIGNATURE AD - 200 MIN	ADDRESS (Street, city, town, stele) DATE SIGNED
23. BURIAL, CREMATION, I DATE THEREOF J NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State)
23. BURIAL, CREMATION, DATE THEREOF THAME OF CEMETERY OR REMOVAL (SPECIFY)	
BURIAL 19-10-1706 CEDAR 14	Ill Cen KITCHIE BONY.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hollins
DATE TO THE STATE OF THE STATE	THOMAS J. CENNY MC 1600 IS

BIMEVA Nº 8

BEGEIVED IN

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within certificate has been executed by the attending physician and completely filled in by the funeral death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

ATTEND: To PHYSICIAN OR HOSPITAL. The law requires that The bottom copy may be retained by the hospital or attending physician.

INSTAUCTIONS

CERTIFICATE OF DEATH 4727

Reg.	Dist.	No

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY ALL AND A MARYLAN	STATE Aland ocunty Or Aland
CITY (If outside corporate limits, write RURAL LENGTH OF S	
OR end give neerest town)	OR
TOWN fort Mead D-0-1	TOWN From buills
HOSPITAL OR	STREET (II rure) give location)
INSTITUTION OR	ADDRESS O 1 02
STREET ADDRESS (1.5 - (7 Hoskita)	California HV2.
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Year)
(Type or Print)	Ch : DEATH My 39 57
1116401 1	11.6.
5. SEX 6. COLOR OR 7. SINGLE, MARRIED,	DATE OF SIRTH 9 AGE lost birthday JUNDER 1 YEAR IF UNDER 24 HRS
file RACE - WIDOWED, DIVORCED, /	Soft. 2 1807 51 yrs. Months Days Hours Min.
10e, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY	COUNTRY?
retired) mperator Port Engineers 3	sites New York With
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Front Shoi	11000 H. 1 w/19
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURIT	Y NO. , 17. INFORMANT & ADDRESS /
[Yas, no, or unk.] [If Yes, give wer or detes of zervice]	2791 2111. 1 : 1 with
No 1 7/3 /	+1:1 19:00 19a 4 shar Gumber 11 1711.
18. MEDIC	AL CERTIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) CCCC	Declieron 2 days
*	
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
(C)	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
196 DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stele)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRE	D 21f, HOW DID INJURY OCCUR?
While - Not wh	ile —
M. et work 📙 et worl	
22. I hereby certify that I attended the deceased from	5.c.t., 19.46, to 17/2427, 1956, that I last saw the deceased
alive on	curred at 7.554PM, from the causes and on the date stated above.
COIGNATURE	ADDRESS (Street, city, town, steta) DATE SIGNED
	40 (dmb=1/1/5 Md 5-29-56
23. BURIAL, CREMATION, / DATE THEREOF NAME OF CEN	ETERY OR CREMATORY LOCATION (City, town, or county) (State)
Buriol June 1956 Out La	(40f +tofold 14.1/es 1/10 1 199
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	35. TUNEARL DIRECTOR'S SIGNATURE ADDRESS
11/1/ 1/1/	111/ - 21- 11/ 3 11/
DATE 076/VO OV. 1/m. Jayrota	Ist Cing them tolonister . " I'll-
, , , , , , , , , , , , , , , , , , , ,	

a rac

the regist within 1. Louis after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled doubt certificate assembly shown be detained for use as a burial transit permit.

2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04722

4728 CERTIFICATE OF DEATH

Reg. Dist. No.....

II PEACE OF BEATH	2. USUAL RESIDENCE (HOME) OF BECEASED
COUNTY Anne Alunde MARYLAND	STATE Maryland country Anne Arandel
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR end give nearest town)	CITY (If outside corporate limits, write RURAL and give nearest town) OR
TOWN Severn Juleeks	TOWN S
HOSPITAL OR	STREET (If rurel give location)
INSTITUTION OR STREET ADDRESS	ADDRESS
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Day) (Year)
(Type or Print)	ater DEATH MAY 7, 1856
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	
Male RACE, WIDOWED, DIVORCED, (Specify)	Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS)	3, /8 /7 /6 YES.
done during most of working life, even if OR INDUSTRY	W. HRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
relired Electrician (tet.) WiB. A. P. T.	Savage, 14/d. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CTabon To Shoton	Helia latharlain
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or detes of service) // /	21 = 1 11: 1 5 111
No - Maknown	1905- John Munteun - Stutern 1911-
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
A DDA DING	1- NIFIRMSUA LUCAS
IMMEDIATE CAUSE (A) / AD NO NOTICE (A)	-1-/+N1000/3/VI
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST. DUE TO	
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
190, DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, form, factory,	Tic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	(Seally) (Seally) (Seally)
21d, TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e, INJURY OCCURRED While Not while	211. HOW DID INJURY OCCUR?
M. at work et work	
22. I hereby certify that I attended the deceased from	, 19, to, 19, that 1 last saw the deceased
alive on	M, from the causes and on the date stated above.
SIGNATURE NAME OF THE PARTY OF	ADDRESS (Street, city, town, state) DATE SIGNED
Dustano Michelles Man. S.	len Buenil Ml 57875-1
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, fown, or county) (Stefe)
REMOVAL (SPECIFY)	Co odo 1 ald.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25, FUNERAL DIRECTOR'S SIGNATURE ADDRESS
122/12/10/	Political Col To
DATE. T. L. COO X. Y. Wellby	11 Sens leter Dur 18/1/1.
/	

DECELVED.

ANY 10 1956

ANY 10 1956

9

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

CERTIFICATE OF DEATH 4729

Reg. Dist. No27.	Reg.	Dist.	No.	27.	
------------------	------	-------	-----	-----	--

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
county Anne Arundel MARYLAND	STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (11 outside corporate limits, write RURAL and give nearest town) OR
OR end give nearest town) TOWN Fort George G. Meade, Md. 3 Years	TOWN Baltimore
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR STREET ADDRESS TO THE	ADDRESS ADDRESS
3. NAME OF (bust) (Middle)	(Cest) 4. DATE (Month) (Dey) (Yeer)
(Type or Print)	MALLWOOD DEATH May 27 19 56
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE C	P BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours (Min.
Female Negro (Specify) Single 26 B	DATESO VII. J 1
10a. USUAL OCCUPATION (Give kind of work dona during most of working lile, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
refired) None	Waryland D
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Hanry Smallwood	AIKO Nomoto Aiko Nomoto
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS Father, 2803 Windsor Ave
(Yas, no, or ank.) (If Yes, give wer or deles of service)	Baltimore, Maryland
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
	_
IMMEDIATE CAUSE (A) PREMAUTORITE	Prematurity
ANTECEDENT CAUSE(S) DUE TO	A 1 7
DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE	Atelectasis
STATING UNDERLYING CAUSE LAST. DUE TO	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO I
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.] (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED While No! while work et work	211. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from26May	, 1956, to27May, 1956, that I last saw the deceased
alive on 27 May, 1956, and that death occurred at	LASSIAN from the causes and on the date stated above.
SIGNATURE THOMAS A. COOK, JR. MD.	ADDRESS (Street, city, town, state) DATE SIGNED
M.D. U	S. Army Hospital, Ft. G.G. Meade, Md.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or county) (Slete)
Removal 129 May 56 Removed to	Anne Arundel County Sedical Lab. Fort G.G. Meade, Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	2S. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 27 May 56 W.L.SAYLOR IST LT. MSC	None



1.	PLACE OF DEATH	Reg. Dist. No. Ab. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admissional deceased lived.)
	a. COUNTY Anne Arundel MARYLAND	o. STATE Maryland b. COUNTY Anne Arundel
V .	b. CITY OR TOWN [if outside corporate finith, write RURAL and give nearest town] Or mey	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Drury
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS o. IS RESII ON A I YES
3.	NAME OF DECEASED PARTY First Middle	Lost 4. DATE Month Day Year
-	(Type or print) AK 170K Unidentified No. 1	SWITH DEATH May 7 19
3.	THE REAL PROPERTY OF THE PARTY	DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER fout birthday) Months Days Hours N
-	M Colored WIDOWED DIVORCED [] C	CT 1 1878 77 yrs.
10	o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRI during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO
	Former Tobacco	13risto
13	I. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1 (WILLIAM DINEINS	Eurly Horams
	es, no, or unknown [If yes, give wor or dates of service)	IFORMANT Address
		geno Swith Lothian Med.
	18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVA, BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Extensive arts	eriosclerotic cardiovascular dispase
	DUE TO	
	Conditions, if ony, which) to History of hea	
Z	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. (b) History of head DUE TO	ad injury OT RELATED TO THE TERMINALD SEASE CONDIT ON GIVEN IN PART 1(0) 19. WAS AU
CATION	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. (b) History of head DUE TO	ad injury
THICATION	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. (b) History of head DUE TO	OT RELATED TO THE TERMINAL D SEASE CONDIT ON GIVEN IN PART 1(0) 19. WAS AUT PERFORM
CERTIFIC	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT PRIMARY 19 or CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONTRIBUTIO	OT RELATED TO THE TERMINAL D SEASE CONDIT ON GIVEN IN PART 1(0) 19. WAS AUT PERFORM YES (3) A
	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CAUSE OF DEATH. 20a. EXTERNAL CAUSE WAS FRIMARY 19 or CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (En Supposedly bear CAUSE OF DEATH.) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20c. PLACE	OT RELATED TO THE TERMINALD SEASE CONDIT ON GIVEN IN PART 1(0) 19. WAS AUT PERFORM YES TO THE NOTION OF PART 1 or Part II of item 18; Aten over the head THE OF INJURY (Home, farm, 1205, (City or town) (County)
MEDICAL CERTIFICATION	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CAUSE OF DEATH. 20a. EXTERNAL CAUSE WAS FRIMARY 19 or CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (En Supposedly bear CAUSE OF DEATH.) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20c. PLACE	ad injury OT RELATED TO THE TERMINALD SEASE CONDIT ON GIVEN IN PART 1(0) 19. WAS AUTHER FORM YES TO A neer nature of injury in Port 1 or Port 11 of item 18; aten over the head
	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT PRIMARY 19 or CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONTRIBUTIO	ad injury OT RELATED TO THE TERMINAL D SEASE CONDIT ON GIVEN IN PART 1(0) 19. WAS AUTHORIZED TO THE TERMINAL D SEASE CONDIT ON GIVEN IN PART 1(0) 19. WAS AUTHORIZED TO THE PART 1 (0) 19. WAS AUTH
	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT CAUSE WAS CAUSE WAS CAUSE OF DEATH. 20a. EXTERNAL CAUSE WAS SUPPOSEDLY DESCRIBE HOW INJURY OCCURRED. (En Supposedly Death Supposed	or related to the terminal disease condition given in part 1(a) 19. was authorized finitely in Port 1 or Port 11 of item 18) aten over the head Et of INJURY (Home, form, 20f. (City or town) (County) (my, street, office bidg., etc.) Drury Anne Arunde (ve., held an Autopsy A. Inspection], Inquiry], and fin
	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CAUSE OF DEATH. 20a. EXTERNAL CAUSE WAS PRIMARY D' OF CONTRIBUTING CONTRIBUTION CONTRIB	ad injury OT RELATED TO THE TERMINAL D SEASE CONDIT ON GIVEN IN PART 1(0) 19. WAS AUTHER FROM YES Internature of injury in Port 1 or Port II of item 18; aten over the head The OF INJURY (Home, form, 20f. (City or town) (County) (County), street, office bidg., etc.) Drury Anne Arunde (Ve, held an Autopsy 4. Inspection], Inquiry], and fin
	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT CAUSE WAS RIMARY 1D or CONTRIBUTING CAUSE OF DEATH. 20a. EXTERNAL CAUSE WAS RIMARY 1D or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Ser Supposedly bead foctor) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year While Not while foctor foctor of work in the p.m. 21. I certify that I taak charge of the remains described above death resulted from: Natural causes . Accident . Suice Actual	of related to the terminal disease condition given in Part 1(o) PERFORM YES Atten over the head Co of injury (Home, form, 20f. (City or fown) (County) Home Drury Anne Arunde Ve, held an Autopsy Anne indicate Indic
	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CAUSE OF DEATH. 20a. EXTERNAL CAUSE WAS PRIMARY 19 or CONTRIBUTING 10 CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (For Supposedly bear Month, Day, Year 20d, INJURY OCCURRED 20e. PLAC factor of work 19 While 19 W	of related to the terminal disease condition given in part 1(a) 19. was authorized injury in Port 1 or Port II of item 18 1 aten over the head to of injury (Home, form, 20f. (City or town) (County) (county), street, office bldg., etc.) Drury Anne Arunde. ve, held an Autopsy Anne in incide I, Undetermined cause M.D. CHIEF MEDICAL EXAMINER (C)
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT CAUSE WAS RIMARY 1D or CONTRIBUTING COURSED. (c) 20a. EXTERNAL CAUSE WAS RIMARY 1D or CONTRIBUTING CONDITIONS CONTRIBUTING COURSED. (c) 20b. DESCRIBE HOW INJURY OCCURRED. (c) Supposedly bead foot of work control con	ad injury Of RELATED TO THE TERMINAL D SEASE CONDIT ON GIVEN IN PART 1(0) PERFORM YES Atten over the head CE OF INJURY (Home, form, 20f. (City or fown) (County) HOME Drury Anne Arunde Ve, held an Autopsy We, held an Autopsy We, held an Autopsy Anne Arunde Or, Hamicide Undetermined cause DATE SIGN ASSISTANT MEDICAL EXAMINER 5/11
MEDICAL	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NO (c) 20a. EXTERNAL CAUSE WAS RIMARY TO OCCURRED. (En Supposedly beat CAUSE OF DEATH.) 20b. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED focto of work Not while of work in the folion of work in the	ad injury OT RELATED TO THE TERMINAL D SEASE CONDIT ON GIVEN IN PART 1(0) 19. WAS AUTHORIZED TO THE TERMINAL D SEASE CONDIT ON GIVEN IN PART 1(0) 19. WAS AUTHORIZED TO THE PERFORM YES Atten over the head SE OF INJURY (Home, form, 20f. (City or town) (County) (
MEDICAL	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NO CAUSE WAS PRIMARY— or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE Hour a.m. p. m. 19 of work of work in the factor of work in the process of the remains described above death resulted from Natural causes . Accident . Suice ACTUAL SIGNATURE . William V. Lovitt. Jr. M.D. 20. BURIAL, CREMATION. 27b. DATE THEREOF 12c. NAME OF CEMETERY OR CREMOVAL (Specify) 12c. NAME OF CEMETERY OR CREMOTION.	of related to the terminal disease condition given in part 1(a) 19. was authorized injury in Port I or Port II of item 18 1 aten over the head to of injury (Home, form, 20f. (City or town) (County) (
WEDICAL	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT CAUSE OF DEATH. 20a. EXTERNAL CAUSE WAS PRIMARY 19 or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (En Supposedly bear of work of wor	ad injury OT RELATED TO THE TERMINAL D SEASE CONDIT ON GIVEN IN PART 1(0) 19. WAS AUTHORIZED TO THE TERMINAL D SEASE CONDIT ON GIVEN IN PART 1(0) 19. WAS AUTHORIZED TO THE PERFORM YES Atten over the head SE OF INJURY (Home, form, 20f. (City or town) (County) (

MILLIANT A. S.

A 1 BI YA.

Th - - - 1

Š

Per

plnous

FUNER

cartificote be

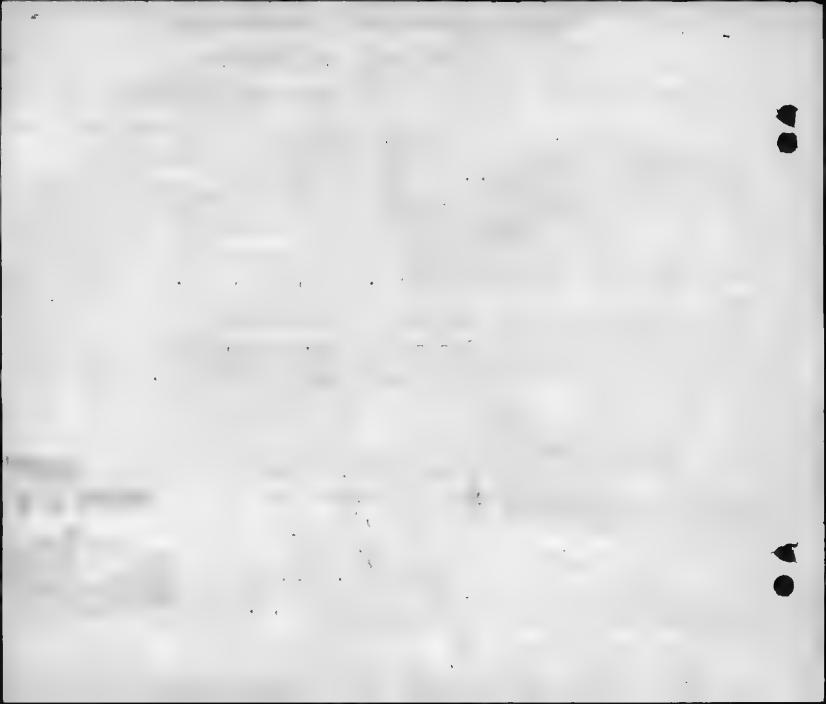
BUREAU V. S.

DECEIVED AN

INSTRUCTIONS

04726

to remote or partiti		A. GOOKE KESIDE	INCE (HOME) OF DECEME	3 to 6.7
COUNTY Anne Arundel	MARYLAND	STATE Sam	OUNTY S	ame
CITY (If outside corporate limits, write RURAL OR end give neerest town) TOWN	LENGTH OF STAY (in-this place) 5 years	CITY (II outside com OR TOWN Same	porale limits, write RURAL and give r	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS VIII AVONUO N.W.		STREET ANDRESS SOLID	(N rural give location	n)
3. NAME OF (First) (A	tuddle)	(Lest)	4. DATE (Month)	(Day) (Year)
(1)	Smith			27th. 19 56
5. SEX 6 COLOR OR 7. SINGLE, MARRIET WIDOWED, DIW (Specify) DI	b. B. DATE O	9/02	9. AGE lest birthdey IF UNE 54 yrs. Months	Deys Hours Min.
	OF BUSINESS NDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT
untiend)	n Lumbar Co.	Seaton. Engla	nd Furana	U.S.A.
13. FATHER'S NAME	Houndar John	14. MOTHER'S MAIDEN		U D OR O
William Smith		Ann Brag		
	SOCIAL SECURITY NO.	17. INFORMANT &	ADDRES\$	
(Yes, no, or unk.) (W Yes, give wer or deles of service)	5 -01-5200	Mrs Ann Sm	ith. (Mother)	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CEN			INTERVAL BETWEEN ONSET AND DEATH
	nows of three	+ and gurroun	ding tissues.	Over 8 months
IMMEDIATE CAUSE (A)	HOJER OF OTLOS	to and surroun	ding diseass	Ovol o monor
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE				
STATING UNDERLYING CAUSE LAST. DUE TO				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS O	F OPERATION			YES NO
216. ACCIDENT WAS UNDER YING 215. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)		TIC. WHERE DID INJURY OCC	UR? (City or town) (Co	punity) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21s, 1 While M. at wor	Not while	21f. HOW DID INJURY OCC	UR 7	
		40	40 .1 .	
22. I hereby certify that I attended the deceas				
alive on, 19, and	that death occurred at		causes and on the date sta	
Guston Haubert	W. M.D. G	len Burnie Md	ORESS (Street, city, town, state)	29/56
23. BURIAL, CREMATION, DATE THEREOF	NAME OF-CEMETERY OR	CREMATORY	LOCATION (City, town, or coun	nty) (State)
May 31, 195 60 June	Jandon O	ak)	TOMBANON	imf.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	0 - 0	25, FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
DATE June 6, 1956 Z. J. L.	alla	O Leten	a lita the	mounis, M.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Items 13,14 hilmo19/5-2-56 et CERTIFICATE $-\mathbf{OF}$ Reg. Dist. No. 1. PLACE OF DEATH: USUAL RESIDENCE (HOME) OF DECEASED: legibly. COUNTY and MARYLAND STATE CITY (If outside corporate limits, write CITY (If outside corporate limits, write RURAL and give nearest town RURAL LENGTH OF STAY carefully. OR and give nearest town (in this place) OR TOWN and HOSPITAL OR (If rural give location) STREET INSTITUTION OR ADDRESS Tombus STREET ADDRESS early information 3. NAME OF GGS 4. DATE (Month) (DRY) (Year) (Middle) DECEASED: 7 DEATH: MA (Type or Print) death S. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED 8. DATE OF BIRTH: 9. AGE last birthday of UNDER 1 YEAR IF UNDER 24 HRS. RACE: Months: (Specify): 1900 of of 10a. USUAL OCCUPATION, Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF COUNTRY? work done during most of working life, INDUSTRY: even if retired): Fureral Director 8/2 (D) cause 13. FATHER'S NAME: 14. MOTHER'S MAIDEN every Jesse Spriggs Mary (maiden nage unknown)Spriggs 15 WAS DECEASED EVER IN U.S.ARMED FORCES? | 16. SOCIAL SECURITY NO.: FOR (Yes, no, or unk.) | (If Yes, give war or dates of Supply write service) 18. MEDICAL CERTIFICATION MARGIN RESERVED Interval Between I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death INK. Immediate cause lea DUE TO DING Antecedent causes (s) Physicians: Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO UNE II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. WITH important. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPST I Yes No 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) PLAINLY, SUICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) especially (Hour) INJURY OCCURED **HOW DID INJURY OCCUR?** While at Not While INJURY At WORK Work [17 1956 22. I hereby certify that I attended the deceased from May , to , 19 ., that I last saw the deceased WRITE P.M., from the causes and on the date stated above. alive on , 19. , and that death occurred at 13 SIGNATURE (Degree or title) ADDRESS 17 May 1956 901 Glan Burnie, Md. BURIAL, CREMATION, 1 DATE THEREOF NAME OF CEMETERY LOCATION (City, town, or count) PLEASE REMOVAL (Specify) min BATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 16 Fenna ADDRESS FUNERAL DIRECTOR REGISTRAR



VS A1S (4) 15M 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4692 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

04728

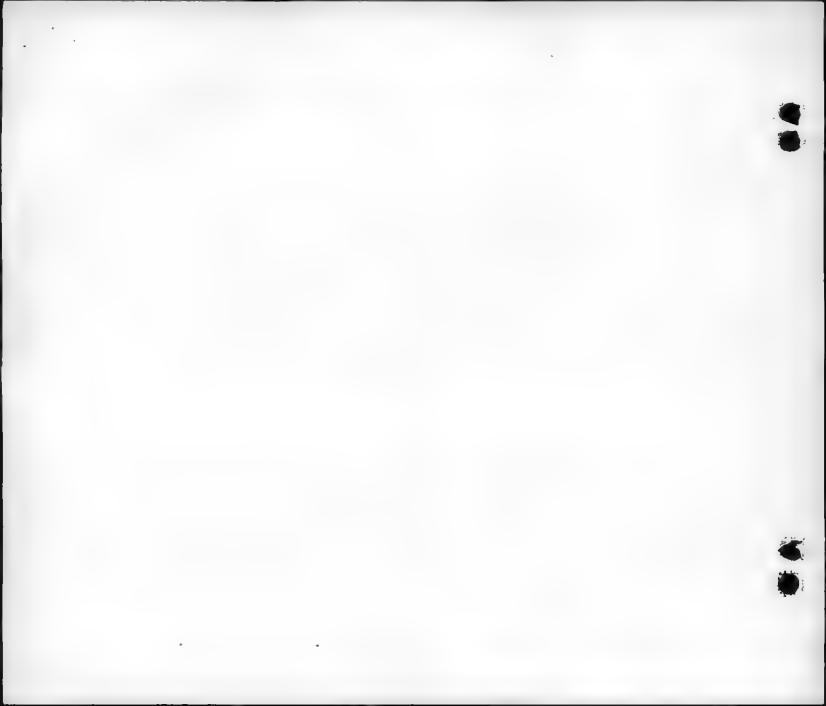
		Reg. Dist. teo.
Ä	1. PLACE OF DEATH a COUNTY MARYLAND 2 USU, o. ST	AL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town)	TY OR TOWN (If outside carporate limits, write RURAL Old give pearest lown)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) d S OR INSTITUTION Self Hospital (If not in hospital, give street oddress)	REET ADDRESS 0. IS RESIDENCE ON A FARM? YES NO
3	3. NAME OF DECEASED (Type or print) Simple Signature of First Addle Si	Lost 4. DATE Month Doy Year OF DEATH MILL 210 1936
5	5. SEXT 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF WIDOWED DIVORCED THE	9. AGE (In feeds IF UNDER 1 YEAR IF UNDER 24 HRS. In feeds IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min
7	100 USUAL OCCUPATION (Give kind of work done during post of working life, grant refired)	SETHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
U	13. FATHER'S NAME 14 MC	THER'S MAIDEN NAME DAIKELL
1:	IS WAS DECEASED EVER IN U. SLARMED FORCES? 16 SOCIAL SECURITY NO 77. INFORMAL IVES, no or unknown) (If yes, gives wor or dofes of service)	olde & Address (Diene, Bus
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) When the couse of the c	Interval Between ONSET AND DEATH
	Condition if any which	Taclusion 1. day
	gove rise to immediate corse (a), stating the under-lying couse last.	
OATION!	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES NO
CENTIE	200 ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ature of injury in Part I or Part II of item 18.)
AMERICA	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF It foctory, street of work of work of work	UURY (Home, farm, 20f (City or town) (County) (State)
	21. I certify that I attended the deceased fram 5 - 19 - 5 and that death occurr	9, to_520_T_G, 19,that I last saw the deceased ed atM, from the causes and on the date stated above.
	ACTUAL SIGNATURE SIGNATURE M.D. C	ADDRESS (Street, city or lown, state) DATE SIGNED 1
_	PHYSICIAN'S A.T. ALLEY	02 CATHEORAL ST
2	220. BURIAL, CREMATION, 22b) DATE THEREOF 22c. NAME OF CEMETERY OR CREMATE STATES OF CREMATE STATES OF CREMATE STATES OF CREMATERY OF C	ORY 22d. LOCATION (City, town, or county) (Stepe)
2	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS A STREET	PAGE REC'D BY REGISTRAR 246, REGISTRAR'S DIGNATURE

BUREAU Y &

PECEIVES 1650

rect	CERTIFICATE OF DEATH Reg. Dist.	No. 1
Ş	1. PLACE OF DEATH: 1 2. USUAL RESIDENCE (HOME), OF DECEASED:	
Tha	COUNTY anna arundel MARYLAND STATE Maryland COUN	TY anne anne
. =	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest twn) TOWN CITY (If outside corporate limits, write RURAL and OR TOWN Slew Burnie, M.	d give nearest town
r carefully y and leg	HOSPITAL OR Sann Nursing Home STREET ADDRESS Cacil Rd, Millewill, Md Seventh Ct, Point Pleasant	r Sla Bur
nation	3. NAME OF DECEASED: (First) CHARLES HENRY STRUPP 4. DATE (Month) (Day OF DEATH: May 18	(Year) 19 5.6
of information f death clearly		ys Hours Min.
8 7		ITIZEN OF WHA OUNTRY? Lew - USB
ii n	13. FATHER'S NAME: Jacof Strupp (dec) 14. MOTHER'S MAIDEN NAME: Anger (dec.)
23	15 WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO: 17. INFORMANT & ADDRESS: 16. Social Security No: 17. INFORMANT & ADDRESS: 17. Pleasan	t, Hen Bus
Suppl write	18. MEDICAL CERTIFICATION	
	I DISPASES OF CONDITIONS DIDECTLY I PADING TO DEATH	Interval Betwee
INK.	Immediate cause (a) Cerebal veseuler accident	Iday
zh.	Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause (b) Chronic anothe regungitation	10 yrs
UNFADING Physicians:	stating the underlying cause jast. (c) Chronic arteriorelerosis	10 yrs
1	Conditions contributing to the death but not related to the disease or condition causing death. Chronic nephritis	5 yr
WIT	19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTUPSI
W W	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street.) (CITY OR TOWN) (COUNTY) (S	Yen No.
LY, WITH important,	SUICIDE Office bldg., etc.) OF Office bldg., etc.)	
PLAINLY,	TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR? OF While at Not While Work At Work	
lo-med.	22. I hereby certify that I attended the deceased from May, 1955, to 18 May, 1956, that I last	
WRITE	alive on agent 17, 19.5%, and that death occurred at 5:30 PM, from the causes and on the date signature. (Degree or title) ADDRESS	tated above. TE SIGNED
W		May 1956
E C	REMOVAL (Specify)	mty)* (state)
4	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Codar Hill Con Balto, Md.	ADDRESS
PL	May 19 = 1956 R.W / Willet & Sour -1	Dalle 1/

MARGIN REPRESED FOR BINDING



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	73()
74-	4693 CERTIFICATE OF DEATH Reg. Dist. No. 2/	
director with	1 PLACE OF DEATH O. COUNTY A MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admiss d. STATE D. COUNTY	ion)
Day of blue	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town RURAL ond give nearest town AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	>)
2 × ×		FARM?
24 hour illed in E es 1 and	DECEASED TO STATE OF THE STATE	Year 19.5%
d within oletely f	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 1012 by thday) WIDOWED DIVORCED 4-1-1906 9. AGE (In years IF UNDER 1 YEAR IF UNDI Norths Doys Hours YEAR 19 UNDI Norths Doys Hours	Min
nd campon pape death.	10a. USLAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 13. CITIZEN OF WHAT 14. SALESMAN SALESMAN BALTO. MP 15. CITIZEN OF WHAT	COUNTRY
cate be sicion o ve carbo rs after	Frederick Suelis Peruta Harbett	
h certificate ing physicia ie remove c 72 hours a	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT/ (191. no. or unknown) (11 yes, give wor or dates of service) Address Address Address Address Address Address Address Address Address	
the death he ottendir her please ent mithin	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) COYOND YY. Through 55.5	TWEEN
d by the mit. The	Conditions, if ony, which gove rise to immediate the conditions of	
require	Lying couse lost.	
The law physic has been prial-tro moval.	Tes 🗆 Yes 🗔	AUTOPSY PRMED?
CIAN: thending ifficate the bu	206 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 ACCIDENT WAS UNDERLYING CONTRIBUTING TO Fort II of item 18.)	
fal ar al this certification remarks	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. st. 19 White Norwhile of work at work at work 19 White Norwhile of work 19 White Norwhile of work 19	(Stote)
Affer oched fo	21. I certify that I attended the deceased from 5/12/, 1956, to 5/24, 1956, that I last saw the alive on 5/24, 1956, and that death occurred at 1/24MM, from the causes and on the date state	
d be det		ATE SIGNED
	PHYSICIAN'S Frank M-Shipley	2/56
O HOSPITAL may be reta O FUNERAL page 3 show the registrar	22a. BURIAL GOMETON, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY HILL CREST NEW 22d. LOCATION (City, town, or county) HILL CREST NEW 22d. LOCATION (City, town, or county)	D
YS A15 (4) 15M 9/55	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ALINAPOLIS DATE 5/15/1956 246. COISTEAR'S SIGNATURE DATE 5/15/1956	· · ·
		-

3 % CITADA

VS A15 (4) 15M 9/55



24a, REC'D BY REGISTRAR

PERFORMED? YES NO

(State)

DATE SIGNED

(County)

24b. REGISTRAR'S SIGNATURE.

b. CITY OF OWN Ut oviside corporate limits, write RURAL ord give regirest town] d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION NAME OF DECEASED (Type or print) S. SEX 100 USUAL OCCUPATION Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working into even if retired) WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (If yes, give war or dates of service) 73 please 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate ě **DUE TO** catte (a), stating the underlying couse last. burial-transit PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19 WAS AUTOPS 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY IHome, form, 20f. (City or town) factory, street, affice bldg., etc.) Hour o.m. Not while at wark at work p. m. 21. I certify that I attended the deceased fram5 19____that I last saw the deceased _____, and that death occurred at / _M, from the causes and on the date stated above. ACTUAL shoul PHYSICIAN'S NAME (Type 22b. DATE THEREOF 22g. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d LOGATION (City, town, or county) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

filed .0 affending certificate may be reta O

I. PLACE OF DEATH

COUNTY

15M 9/SS

BUREAU V. A.

9581 I 1101

The same

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	04532
6.8 E	4594 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04,459
se ex suld I	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residen	
sho to sho	O. COUNTY ANNE. ARUNDE MARYLAND O. STATE MARYLAND b. COUNTY	
uriol,	b. CITY OR TOWN (If outside corporate limits, write RURAL and and give nearest town)	give negrest town)
2 2	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS	. IS RESIDENCE
prior	ANNERCUNT. GEWERAL 4566- BRING. 116.	ON A FARM? YES NO
ny delo nneral your fi sgistrar	3. NAME OF DECEASED (Type or print) Walkiam Welliam Middle Ween // ON Anne	Day Year
. If on the fundamental to the re-		YEAR IF UNDER 24 HRS.
nd 3 to nd 3 to retain	10a. HSUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
ay be	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
houn 5 m 25 m	alfred Vermillion Jennie Fraier	
Page Page	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 12 INFOOMANT	77 Gelleman
AN Gir	18 CAUSE OF DEATH [Enter only one cause per line for (g), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
E G	PART I. DEATH WAS CAUSED BY: Tracture Corneial Hotefice	Sudden C
in Item	Conditions, if ony, which) and tree luve skell.	
nd be	gove rise to immediate couse (o), stoting the underlying DUE TO	,
should be a but a but a but a	cause lost. (c)	h /
ding" is office as office as	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
d 'pen ominer'	200. EXTERMAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 200. DESCRIBE HOW INJURY OCCURRED. (Enter notify of injury in Port 1 or Part 11 of item 18.)	*
INER: The war lical Ex. 3 shor	20c. TIME OF INJURY Month, Ody, Year 20d. INJURY OCCURED 20e. PLACE OF INJURY (Home, form, locary, street, office bldg., etc.) While Not while of work of wor	(State)
A Med	21. 1 certify that I don charge of the remains described above, held an Autopsy . Inspection . Inquiry	, and find that
TO NO.	death resulted from: Natural causes, , Accident , Suicide , Homicide , Undetermined cause .	
SIREC SIREC	SIGNATURE OLAR AND CHIEF MEDICAL EXAMINER	DATE SIGNED
AL D.	EXAMINER'S F / Lange of Assistant Medical Examiner	5/c/c/
sepurate the constant of the c	NAME (Type) + LIN PINCE!	70/30.
0 tag 0 (220 SURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county)	Del.
VS. A15ME(5)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. 4 G STR. 150	TUR
5M 9/55	J. Ailliam gels Jons Co 300 4 74. 11. DATE 3/12/1956 1 111	J.UIMOL

(identity medicary the plante frager sients)

's 'A OVABLA

tuin har 10. 1450 code file of 10 100 the 20 1 1 2 d Th

04734 No. 73 Reg. Dist. No.

D. CUNTY CONTINUAL COURTS OF STATE IN D. D. CHY OF TOWN MANUEL RISE HIM. THE ROLL S. LENGTH OF STATE IN D. LENGT	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
AND THE STANDED PROPERTY OF THE STANDED COURSE OF THE STANDED CONTRIBUTION OF THE STAN		o. COUNTY Come-arrende & MARYLAND	o. STATE- met b. COUNTY
S. P. S. P		b. CITY OR TOWN III outside corporate limits, write RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write/RURAL and give nearest town)
33 NAME OF DECLARED AND STREET OF THE MISSISSION NO. 19 NAME OF DECLARED AND STREET OF THE MISSISSION OF A COUNTY OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SUT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10) 19 5 6 S. SEX S. COULD ON ACE 1. MARRIED NEVER WARRIED 18 DATE OF BIRTS) J. MAS DECLARDON GIVE HAVE OF WINDOWS DEPTH OF DISHASS ON INDUSTRY IT. BIRTHPLICE (Plate of Torrigo county) J. ACE 16 years JEUNDER YEAR 18 LINDER 24 JRS. MOONED BY DWOGRED 18 DATE OF BIRTS) J. CHILDER YEAR 18 LINDER 24 JRS. MOONED BY DWOGRED IN SIGNIFICANT COUNTERY J. CHILDER OF WARRIED ON IN SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SUT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10) 19 WAS AUTOMY PART 11, DEATH WAS CAUSE DBY. J. CAUSE OF PELAN 12. CAUSE WAS PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SUT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10) 19 WAS AUTOMY PROFILE OF PELAN 12. CAUSE WAS PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SUT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10) 19 WAS AUTOMY PROFILE OF PELAN 12. CAUSE WAS PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SUT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10) 19 WAS AUTOMY PROFILE OF PELAN 12. CAUSE WAS PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SUT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10) 19 WAS AUTOMY PROFILE OF PELAN 12. CAUSE WAS PROFILE OF PELAN 12. CAUSE WAS PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SUT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10) 19 WAS AUTOMY PROFILE OF PELAN 12. CAUSE WAS PROFILE OF			Garland Park
33 NAME OF DECLARED AND STREET OF THE MISSISSION NO. 19 NAME OF DECLARED AND STREET OF THE MISSISSION OF A COUNTY OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SUT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10) 19 5 6 S. SEX S. COULD ON ACE 1. MARRIED NEVER WARRIED 18 DATE OF BIRTS) J. MAS DECLARDON GIVE HAVE OF WINDOWS DEPTH OF DISHASS ON INDUSTRY IT. BIRTHPLICE (Plate of Torrigo county) J. ACE 16 years JEUNDER YEAR 18 LINDER 24 JRS. MOONED BY DWOGRED 18 DATE OF BIRTS) J. CHILDER YEAR 18 LINDER 24 JRS. MOONED BY DWOGRED IN SIGNIFICANT COUNTERY J. CHILDER OF WARRIED ON IN SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SUT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10) 19 WAS AUTOMY PART 11, DEATH WAS CAUSE DBY. J. CAUSE OF PELAN 12. CAUSE WAS PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SUT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10) 19 WAS AUTOMY PROFILE OF PELAN 12. CAUSE WAS PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SUT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10) 19 WAS AUTOMY PROFILE OF PELAN 12. CAUSE WAS PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SUT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10) 19 WAS AUTOMY PROFILE OF PELAN 12. CAUSE WAS PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SUT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10) 19 WAS AUTOMY PROFILE OF PELAN 12. CAUSE WAS PROFILE OF PELAN 12. CAUSE WAS PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SUT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10) 19 WAS AUTOMY PROFILE OF PELAN 12. CAUSE WAS PROFILE OF		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS
DECAME OKAN STATE STATE		400 Broadview Blod	
CONDENS FACE MARRIED MARRIED B. DAT, OF BIRTY P. AGE IN HOUSE ZEVIES.	3	NAME OF DECEASED First Middle	Last 4. DATE Month Day Year
DIMENDED WAS DECENSION (Give kind of work done) 100. USUAL OCCUPATION (Give kind of work done) 100. USUAL OCCUPATION (Give kind of work done) 100. WIND OF BUSINESS OR INDUSTRY 11. BRITHPACE (Store of foreign) 12. CITIZEN OF WHAT COUNTRY? 13. FATHEYS NAME 14. MOTHEY'S MADERN NAME 14. MOTHEY'S MADERN NAME 15. WAS DECENSED FYE IN U. S. ARRIED FORCES? [16. SOCIAL SECONTY NO. 17. RIFORMARY 16. CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c).] 17. ROOSEMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c).] 19. PART I. DEATH WAS CAUSED BY: 10. INTERVALENCE 10. INTERVALENCE 11. BRITHMALE (Enter only one couse per line for (o). (b). and (c).] 10. Condition, if day, which gove rise to immediate couse (o), storing the undertying of the immediate couse (o). 10. STORY OF CONTRIBUTING (COUNTRY) 10. DUE TO 10. CONDITION OF CONTRIBUTING (COUNTRY) 10. DUE TO 10. COUNTRIBUTING (COUNTRY) 10. DUE TO 10. COUNTRIBUTING (COUNTRY) 10. DUE TO 10. DUE TO 10. COUNTRY 10. MORE IN PART I. (c) IT FOR II I of item 18.) 10. DUE TO 10. DUE T		(Type or print) - Inne M.	
DOUGLISTAND (CENTRATION COUNTRY) DOUGLISTAND COUNTRY PRATE II, OTHERS IGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) TO COUNTRY IN THE DOUGLISTAND COUNTRY PRATE II, OTHERS IGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) TO COUNTRY IN THE DOUGLISTAND COUNTRY PRIMARY OF CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) TO CAUSE OF DEATH TO CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) TO CAUSE OF DEATH TO CONTRIBUTION DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) TO COUNTRY IN THE DISEASE CONDITION GIVEN IN PART I(o) TO COUNTRY IN THE DISEASE CONDITION GIVEN IN PART I(o) TO COUNTRY IN THE DISEASE CONDITION GIVEN IN PART I(o) TO COUNTRY IN THE DISEASE CONDITION GIVEN IN PART I(o) TO COUNTRY IN THE DISEASE CONDITION GIVEN IN PART I(o) TO COUNTRY IN THE DISEASE CONDITION GIVEN IN PART I(o) TO COUNTRY IN THE DISEASE CONDITION GIVEN IN PART I(o) TO COUNTRY IN THE DISEASE CONDITION GIVEN IN PART I(o) TO COUNTRY IN THE DISEASE CONDITION GIVEN IN PART I(o) TO COUNTRY IN THE DISEASE CONDITION GIVEN IN PART I(o) TO COUNTRY IN THE DISEASE CONDITION GIVEN IN PART I(o) TO COUNTRY IN THE DISEASE CONDITION GIVEN IN PART I(o) TO COUNTRY IN THE DISEASE CONDITION GIVEN IN PART I(o) TO COUNTRY IN THE DISEASE CONDITION GIVEN IN PART I(o) TO COUNTRY IN THE	5.	SEX 6. COLOR OR RACE 7- MARRIED NEVER MARRIED 8.	Let be be de d
THE STATE STATE OF THE STATE S	L	Timale white WIDOWED DIVORCED []	() 7 () ()
13. FATLES NAME 13. FATLES SNAME 14. MOTHER'S MADEN NAME 14. MOTHER'S MADEN NAME 15. WAS DECEASED EVER IN U. S. ADMED FORCES? 16. SOCIAL SECPTITY NO. 17. INFORMANT 18. CAUSE OF PEATH [Enter only one course per ling for (o), (b), ond (c).] 18. CAUSE OF DEATH [Enter only one course per ling for (o), (b), ond (c).] 18. CAUSE OF DEATH [Enter only one course per ling for (o), (b), ond (c).] 19. MADEINATE CAUSE (o) 10. LOUE TO 10. LOUE T	10	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTIG	ET. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. MAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECRITY NO. 17. INFORMANT Address Address Address Mr. Milliam P. Lahan 18.50. Handlintown Mr. Milliam P. Lahan Mr. Milliam P. Mr. Milliam P. Lahan Mr. Milliam P. Lahan Mr. Milliam P. Lahan Mr. Milliam P. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr		House Work at Home	Treland USA
13. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECRITY NO. 17. INFORMANT 18. CAUSE OF DEATH Eight only one course per line for (o), (b), and (c).	1.	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Conditions, if any, which gove rise to immediate couse (o), storing the underlying (o). The part i. Death was caused by: Due to Conditions, if any, which gove rise to immediate couse (o), storing the underlying (o). The part ii. Other significant conditions contributing to death but not related to the terminal disease condition given in part (o). Its figure of the terminal disease condition given in part (o) 19 was auropsy periods. Part II. Other significant couse (o), storing the underlying (o). Describe how injury occurred (enter notive of injury in Part I of item 18.) Part II. Other significant conditions contributing to death but not related to the terminal disease condition given in part (o) 19 was auropsy periods. Part III. Other significant couse was principle of the part (o). Injury occurred (enter notive of injury in Part I or Part III of item 18.) Part II. Other significant couse was presented to be part of the part III of item 18.) Part II. Other significant couse was presented observed the part of the part II of item 18.) Part III. Other significant couse was presented observed the part of the part II of item 18.) Part III. Other significant couse was presented observed the part of the part II of item 18.) Part III. Other significant was auropsy was auropsy periods. Part III. Other was auropsy periods. Part III. Oth		Fatuck Kooney	lenne whaten
18. CAUSE OF DEATH [Enter only one couse per ling for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gover rise to immediate couse (c), utaling the underlying course lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a) 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a) 19 WAS AUTOPSY PERFORMED? PERMANY or CONTRIBUTING 200. EXTERNAL CAUSE WAS PERMANY or CONTRIBUTING 201. I certify that I took charge of the remains described obove, held on Autopsy Inspection Inquiry ond find that deoth resulted from: Notural couses Accident Suicide Homicide Undetermined couse ACTUAL SIGNATURE AND ALL CHARLES HALL ALL	11:	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	PORMANT Address
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions. If any, which gover rise to immediate cause (b), staffing the underlying (course last.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) IP WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING COURSED (Enter nature of injury in Part I or Part II of Item 1B.) 200. EXTERNAL CAUSE WAS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) IP WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONTRIBUTING COURSED (Enter nature of injury in Part I or Part II of Item 1B.) 200. EXTERNAL CAUSE WAS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING COURSED (Enter nature of injury in Part I or Part II of Item 1B.) 200. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING CONTRIBUTING COURSED (Enter nature of injury in Part I or Part II of Item 1B.) 200. EXTERNAL CAUSE WAS PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING COURSED (Enter nature of injury in Part I or Part II of Item 1B.) 200. EXTERNAL CAUSE WAS PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONTRIBUTIONS CO	L	i i i i i i i i i i i i i i i i i i i	William P. Lahan 1880 Translintown
DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO PART II, OTHER SIGNIFICANT CONDITIONS COLUMN TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO TO COLUMN TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO TO COLUMN TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO TO COLUMN TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO TO COLUMN TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO TO COUNTY YES NO T		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	INTERVAL BETWEEN
Conditions, if any, which gover rise to immediate couse (c), stating the underlying (couse last). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) IP WAS AUTOPSY PERFORMED? YES NO PERFORMED. YES N			to a state of a contract of the state of
Conditions, if any, which gover rise to immediate couse (a), storing the underlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES DOO. EVERENAL CAUSE WAS PRIMARY Or CONTRIBUTING DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) 200. EVERENAL CAUSE WAS PRIMARY Or CONTRIBUTING DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) 200. EVERENAL CAUSE WAS PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) 200. EVERENAL CAUSE WAS PRIMARY OF CONTRIBUTION DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) 200. EVERENAL CAUSE WAS PRIMARY OF CONTRIBUTION DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) 21. I certify that I took charge of the remains described obove, held on Autopsy (County) (State) 21. I certify that I took charge of the remains described obove, held on Autopsy (Inspection Manual Injury M			
GO, STORING THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS AUTOPSY PERFORMED? PERFORMED. IN PART I of Port II of Item 18.3 I of Item 18.3		Conditions, if any, which) the Helateride	H, Soveral
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? PERFORMED. PERFORMED. PERFORMED. PERFOR		gove rise to immediate couse	- Committee of the comm
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES DO DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of item 1B.) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of item 1B.) 201. Sex EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of item 1B.) 202. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of item 1B.) 203. EXTERNAL CAUSE WAS PRIMARY OF COURRED (Enter nature of injury in Part I ar Part II of item 1B.) 204. EXTERNAL CAUSE WAS PRIMARY OF COURSED (Enter nature of injury in Part I ar Part II of item 1B.) 205. EXTERNAL CAUSE WAS PRIMARY OF COURSED (Enter nature of injury in Part I ar Part II of item 1B.) 206. CAUSE OF DEATH OF INJURY (Home, form, 20f. (City or town) (County) (State) 40			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or fown) (County) (State) While at work of wo	2		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or fown) (County) (State) While at work of wo	, ATA	720-1	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or fown) (County) (State) While at work of wo	TIESC	200. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED (E	
21. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and find that death resulted from: Notural couses Accident Suicide Homicide Undetermined couse Date signed Signature Actual Signature Actual M.D. Chief Medical examiner Date signed M.D. Chief Medical examiner M.D. Chief M.D. Chief Medical examiner M.D. Chief Medical examiner M.D. Chief Medical examiner M.D. Chief Medical examiner M.D. Chief M.D. Chief Medical examiner M.D. Chief Medical examiner M.D	9	CAUSE OF DEATH.	
21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and find that death resulted from: Notural couses . Accident . Suicide . Homicide . Undetermined couse . ACTUAL SIGNATURE . M.D. CHIEF MEDICAL EXAMINER . DATE SIGNED EXAMINER'S RAMINER'S NAME (Type) . M.D. MICLAIL . DEPUTY MEDICAL EXAMINER . DEPUTY MEDICAL EXAMINER . 22a. BURIAL CREMATION, 22b. DATE THEREOF . 22c, NAME OF CEMETERY OR CREMATORY . G. LOCATION (City, Iown, or county) . (Stole) . SEMOVAL (Spectry) . T. 30:156 . New Catherinal Cours . 4300 Day Thereof . Registrar's SIGNATURE . ADDRESS . 240. RECISTRAR . 24b. REGISTRAR'S SIGNATURE	3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form, 120f. (City or town) (County) (State)
deoth resulted from: Notural couses X, Accident , Suicide , Homicide , Undetermined couse . ACTUAL SIGNATURE	MEDI	Heur a.m. p. m. 19 While Not while of work of work	ry, street, office bidg., etc.)
ACTUAL SIGNATURE A. M.D. CHIEF MEDICAL EXAMINER DATE SIGNED EXAMINER'S R. M. M.C. HIC. HLIN DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY D		21. I certify that I took charge of the remains described about	ve, held on Autopsy 🔲, Inspection 🔀, Inquiry 🔀, and find that
SIGNATURE (1. 11. 11. 12. 12. 12. 12. 12. 12. 12. 1		death resulted from: Notural couses X, Accident , Suice	ide 🔲, Homicide 🔲, Undetermined couse 🔲.
SIGNATURE (1. 11. 11. 11. 12. 12. 12. 12. 12. 12. 1		no har har fill	
EXAMINER'S NAME (Type) 1. 11 C L HIL CT H LIA DEPUTY MEDICAL EXAMINER 22d. LOCATION (City, lown, or county) . (Stole) SEMOVAL (Specify) 5/30: 156 NOW Cathedral Count. 4300 Del Thedrive Rel. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR'S SIGNATURE 240. REGISTRAR'S SIGNATURE		SIGNATURE 18. 11. 11/6 Kall of L. L. L.	
DEPUTY MEDICAL EXAMINER 22a. BURIAL CREMATION, 22b. DATE THEREOF SEMOVAL (Specify) ST30' 56 NAME OF CEMETERS OR CREMATORY SEMOVAL (Specify) 22d. LOCATION (City, lown, or county) (Stole) STATE AND CALL WATER COMMENTAL COMMENTAL COMMENTS 240. REC'D BY BEGISTRAR 240. REC'D BY		EVAMINENCE D AS AS I . " - 111"	ASSISTANT MEDICAL EXAMINER [] /// /// 1956
Burfat 5/30:156 New Cathedral Even. 4300 Ded Thederick Rd. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS OF THE PROPERTY OF THE P			DEPUTY MEDICAL EXAMINER
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY BEGISTRAR'S SIGNATURE	22	REMOVAL (Specify)	0 + 11- 00121
John J. Cowan ofen Hollins At DATE 5/29/16 Dr. Caldwell Hadry	23		75555555555
the state of the s		John J. Cowan when Bally	a At DATE 5/29/16 As Cald all st
		y y	The way and the second

VS. A15ME(5) 5M 9/55

ar remaval,

s' A avaura

USVISOSA CANTINA.

1. PLACE OF DEATH

(M outside corporate limits, write RURAL

COLOR OR

(It Yes, give wer or dates of service)

[A] DUE TO

DUE TO

15

REGISTRAN'S

1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

RACE

10s. USUAL OCCUPATION (Give kind of work

WAS DECEASED EVER IN U. S.

done during most of working dig_even if

IMMEDIATE CAUSE

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

[Month]

and give neerest town

COUNTY

TOWN

HOSPITAL OR INSTITUTION OR

STREET ADDRESS 3. NAME OF

DECEASED

(Type or Print)

13. FATHER'S NAME

1571

19a. DATE OF OPERATION

21d. TIME OF INJURY

SIGNATURE

BURIAL, CREMATION, REMOVAL (SPECIFY)

REC'D BY REGISTRAR

A15C 1-55 10M

S

21e. ACCIDENT WAS UNDERLYING []

OR CONTRIBUTING | CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

5, SEX

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DATE OF

avi

CERTIFICATE 4746

MARYLAND LENGTH OF STAY

(in this place)

(Middle)

149

OR INDUSTRY

KIND OF BUSINESS

16. SOCIAL SECURITY NO.

16. MEDICAL CERT

SINGLE, MARRIED.

WIDOWED, DIVORCED,

196. MAJOR FINDINGS OF OPERATION

21b PLACE (Home, Jerm, Jectory,

OF INJURY street, office bldg., etc.)

While

-56 SIGNATURE

et work

21e. INJURY OCCURRED

Not while

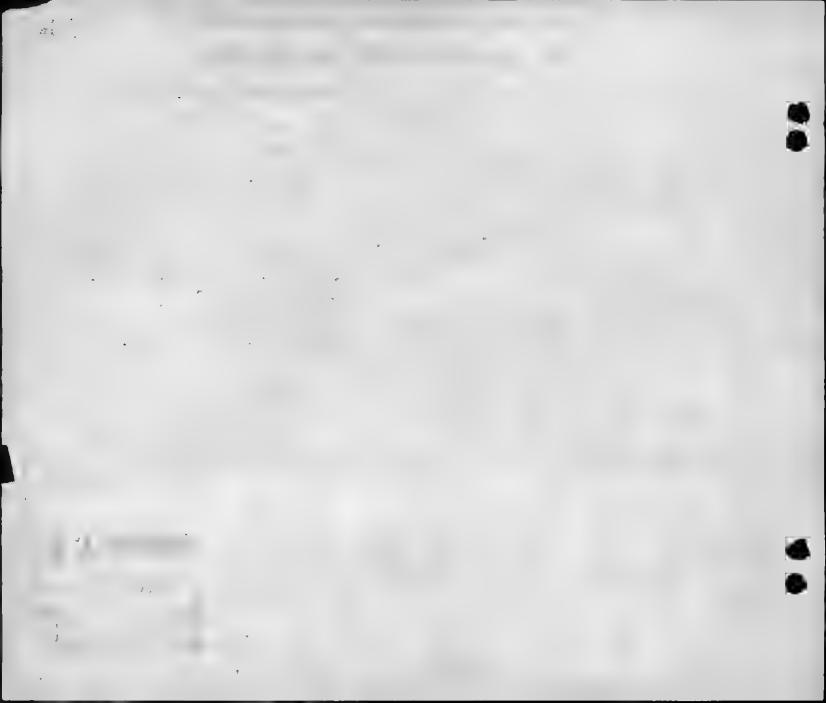
M.D. NAME OF CEMETERY OR C

et work

and that death occurred at

OF DEA				74
		Reg. Dist	. No	*****
2. USUAL RESIDEN	CE (HOME) OF I	DECEASE	•	
STATE Mar	V/ quo COUNTY			
OR (Il outside corpor	ete limits, write RURAL	end give need	rest town)	
TOWN . 3a/]	imore			
STREET ADDRESS	(If rure) (ive focation)	4	
/120	Care	21	51.	
(Lost)	4. DATE	onth)	(Dey)	(Year)
(161+1	OF DEATH		12	1950
BIRTH 9	AGE lest birthdey	Months		Hours Min.
12,1886	/() yrs.		Deys	Hours Mills.
1. BIRTHPLACE (State or loreig	n country)	12	COUNT	OF WHAT
Topeka	15ans	95	U,S	H.
14. MOTHER'S MAIDEN N				
ROYTY	Le	2		
17. INFORMANT & A	DDRESS			1120
Berna	Va	hee	- 1	v. lare
IFICATION			INTERV	VAL BETWEEN /
J. H.				
~ of the				
moreas				
11/17 0003				
			20.	AUTOPSY?
			YES [NO [
. WHERE DID INJURY OCCUR	? (City or town)	(Coun	ty)	(Stete)
II. HOW DID INJURY OCCUR	3			
II. HOW DID INJUST OCCUR	•			
S 50 . 100.	111 31 125	7.		
1, 19.56, 10 1914				
M, from the ca	Suses and on the ESS (Street, city, to	date state:	above.	ATE GIGNEI
Celon 130	1-7ile	,	3	12-191
REMATORY	LOCATION (Giy, to	wn, or county		(State)
Mar Par	kaylant	1.0	32	
25. FUNERAL DIRECTOR'S S	IGNATURE	45	ADDRESS	

ac



- u114

JSG1 7 NAC

Tar Maria

-

6

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4738 MEDICAL EXAMINER'S CERTIFICATE OF DEATH crematian 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE **b.** COUNTY burial, b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corposote limits, write RURAL and give nearest lown) OR INSTITUTION (If not in hospital, give street address) d/STHEET ADDRESS e. IS RES DENCH ON A FARMS YES NO T NAME OF 4. DATE Middle Month Day Year DECEASED OF DEATH (Type or print) 19 5 IF UNDER TYEAR! IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO B. DATE OF BIRTH 9, AGE (In years lost birthday) Days. WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most th working life, even if retired) WAS DECEASED EVER IN X ARMED FORCES? 16. SOCIAL SECURITY NO Give 18. CAUSE OF DEATH [Enter only one cause per line for (a)/(b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ronsit DUE TO with Conditions, if ony, which) atong gove rise to immediate cause 507 **DUE TO** (a), stoting the underlying couse last. Office (0 PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19 WAS AUTOPSY SD. CERTIFICATION PERFORMED? NO F 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter, noture of injury in Port 1 or Port 11 of item 18.) CAUSE OF DEATH. MEDICAL Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF NJURY (Home, farm, 20f. (City or town) (County) (Stole) factory, street, office bldg, etc.) ot work at work 21. I certify that I tack charge of the remains described above, held an Autopsy Inspection DIRECTOR: death resulted from: Natural causes Accident 1. Suicide Hamicide ... Undetermined cause DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER FUNERAL farworde DEPUTY MEDICAL EXAMINER NAME (Type) A 220. BURIAL CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (Stole) 0 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS. A15ME(5) 5M 9/55 3 7 11 1.2 2 Will

ADDRESS

Glenville, W. Va

within "pending" in miner's Office o riting the VS. A15ME(5) 5M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

Doy

e. IS RESIDENCE

YES NO

Year

19 56

OF BIRTH	9. AGE (In years	IF UNDER	TYEAR	IF UND	ER 24 HRS
- 10 1007	Less birthday]		Days	Hours	Min.
. BIRTHPLACE (State or foreign c	40	12, CITI	ZEN O	F WHAT	COUNTRY?
West Virgini	a		II.	S. I	A
OTHER'S MAIDEN NAME			0,	<u> </u>	
Lone Pullian	2.				
IANT	Address				
Funeral Home	Henville	. W.	Va -		
cervical verteb			INTER	VAL BETWE T AND DEA	
ogivical verdeb	1.64				
LATED TO THE TERMINAL DISEAS	E CONDITION GIV	EN IN PAR	- 1		AUTOPSY RMED?
iture of injury in Port I or Part II	of item 18.)			00	
a can					
CAT INUURY (Hame, farm, 20f. (City set, office bldg., etc.)	ar town)	(Cou	inty)		(State)
	speake Ra	av Br	idae		Md.
eld an <u>Autopsy</u> 🔀 , Ir	rspectian 🔲,	Inquir	у 🗀,	and i	find that
, Hamicide , U	ndetermined c	ause 🔲			
CHIEF MEDICAL EXAMINER				DATE \$	IONE
ASSISTANT MEDICAL EXAMINE	R 🗔		5/	23/5	6
DEPUTY MEDICAL EXAMINER			-/	100	
ATORY 22d LOCA	TION (City, town, o	r county)		(State	3)
ery Gilm	ner Co. W	est_V	irgi	nia	
24a. REC'ID BY REGIST	RAR 246. REGIS				1
. POATE ~ O 13	- In	w.	1.0	un	ch
	•	1			73

BUREAU R. S.

88 YAM

JAN DE AN

y, pleose exeburiol, cremction, 1 PLACE OF DEATH TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer deoth. If ony deloy is cute the city calculation of the funeral disconsistence of the control of the funeral disconsistence of the control of the

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4739 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

() 4738 Dist. No. 24 Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY Anne Arundel MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY							
	B. City or town and give recorst to Glen Bur		N 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)										ESIDENCE		
3	Old Stag					Same					YES NO		
3.	NAME OF DECEASED (Type or print)	Sophia	insi M. V	Middle Middle		Last	4. DATE OF DEATH	May 7th		Day		Year 19 56	
J	SEX .	W	WIDOW		1	2/4/87		9. AGE (In years last birthday) 68 yr	IF UNDER Months	TYEAR Doys	Hours	Min.	
/ 10	00. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRE during most of working life, even if retired) House keeper										S.A.		
13	3. FATHER'S NAME	FATHER'S NAME					14. MOTHER'S MAIDEN NAME						
Jol	nn Collins	3				Sarah E.Go	bluc						
	5. WAS DECEASED E	VER IN U. S. ARMED FO I'V yes, give wer or dates o NO		SOCIAL SECURITY NO.	17. INFO			Policy.	713	31			
TION	Conditions, if gove rise to imm. (a), stoting the couse last.	Ony, which only which only which only only only only only only only only		ONTRIBUTING TO DEATH		RELATED TO THE TERA	MINAL DISEA	SE CONDITION C	GIVEN IN PAR	Su	ral BETWEET AND DE LACED AND DE	n	
L CERTIFICATION		INTRIBUTING []	Ob. DESCRIE	E HOW INJURY OCCURRE	ED. (Enler	noture of injury in Pa	rt I or Part I	l of item 18.)			res 🗍	NO X	
MEDICAL		19	While of w	e Not while	factory,	F INJURY (Hame, far street, office bldg., et	c.)	y or town)	{Car	anty)		(Slate)	
	21. I certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry .									, and	find tha		
	ACTUAL SIGNATURE	<u>U_</u> M	.M.D. CHIEF MEDICAL EXAMINER					DATE SIGNED					
	NAME (Typicustave H. Faubert M.D. DEPUTY MEDICAL EXAMINER) 5/8/56												
22	REMOVAL (Specify	ON, 226. DATE THEREO	OF 5%	Glen Hav	Y OR CRE	Cem.	//	en Bu,	or county)		(State	2	
23.	FUNERAL DIRECTO	R'S SIGNATURE	61	Em Burni	· / ()		D BY REGIS		J.S. SIC	Ea	e lo	_	

VS. A15ME(S) 5M 9/55



BUREAU V. S.

VS A15Q 1-55 10M

0

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04740

CERTIFICATE OF DEATH 4741

Reg. Dist. No. 27

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED									
county Anne Arundel	MARYLAND	STATE Ohio	COUNTY T	ranklin							
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (II outside corporeta limits, write RURAL end give nearest town)									
OR end give neerest town)	(in this place)	OR TOWN CL. 71.	7712								
Fort G. G. Meade, Md.	3 Months	STREET	1061-5								
INSTITUTION OR		STREET (If rural glya location) ADDRESS									
STREET ADDRESS II. S. Army Hospita	1	/17 1	and the second second								
3. NAME OF (First)	(Middle)	(Lest)	(Dey) (Yeer)								
	BERNICE	YOUNG	DEATH May	27 19 56							
5. SEX 6. COLOR OR 7. SINGLE, MARE WIDOWED, DI	NED, 8. DATE C	OF BIRTH		NDER 1 YEAR IF UNDER 24 HRS.							
Bemale White (Specify) Si	ngle Mar	27. 1956	yrs. Mon	ths Deys Hours Min							
1De. USUAL OCCUPATION (Give kind of work 10b. KI	ND OF BUSINESS	11. BIRTHPLACE (State or fo	preign country)	12. CITIZEN OF WHAT							
national) no	R INDUSTRY	10 0	USA								
NON9 13. FATHER'S NAME	None	Maryland 14. Mother's Maide	Maryland								
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME								
Charles W. Young		Mie Saku	rai								
	6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS Father.	Co C, Ist Bn,							
(Yes, no, or unk.) (If Yes, give wer or detes of service)	VA(e)	DAC FOR	t George G. Mea	-							
MO !	18. MEDICAL CEI	RTIFICATION	TOBURNE OF MES	INTERVAL BETWEEN							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				ONSET AND DEATH							
TILL S IMMEDIATE CAUSE (A)	tren	1414017	Prematurity	Ahrs 40 min							
Promotion of placette 4											
DISEASES OR CONDITIONS, IF ANY, (8)	meture .	SCASAFFIG	ne up/seens	2							
STATING UNDERLYING CAUSE LAST. DUE TO		,	()"								
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING											
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.											
196, DATE OF OPERATION 196, MAJOR FINDINGS	OF OPERATION		2D. AUTOPSY?								
				YES NO M							
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Hon OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCC	CUR? (City or lown)	(County) (State)							
	INJURY OCCURRED	21f. HOW DID INJURY OC	CUR?								
M. etv	vork Hot while et work	/									
22. I hereby certify that I attended the dece			19-56 , th								
alive on 22,77, 19.3 6, and	that death occurred a		causes and on the date :								
DIGNATURE XENWYN GO NEIS	CAPT. MC.	11529	DRESS (Street, city, town, stele	Seele DATE SIGNED							
flowing D. Me	MAR US	AH. Ft. G. C.	Neade Md.	4127 Not 7856							
28. BURIAL, CREMATION DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	Anne Arundel								
Removal 29 May 758	Removed to 1	edical Tab	Ft. G. G. Mes	de 1/d							
24. REC'D BY REGISTRAR DEGISTRAR ESIGNATUR	Lory	25. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS							
DATE 28 May 56 W.L.SAYLOR.	IST LT, MSC	Nond									

見かいかり SERVICION DEATH PATIENT CO.D. PINTER TA AVERNA A TE 9961 IS YAN